Full Plans Application Form

The Building Act 1984 The Building Safety Act 2022 The Building Regulations 2010

This form must be submitted by the Client, i.e. Building Owner.

Client Details:

	I confirm I have read and understood Regulations 11A-14C of The Building Regulations 2010 and understand
	my duties as the Client

I understand that by not providing contact details for my Contractor and/or Designer I am responsible for ensuring compliance with The Building Regulations 2010

Contact Name:	 	
Business Name:	 	
Contact Address:	 	
Email Address:	 	
Telephone Number:	 	

Contractor Details:

I understand that in providing contact details for my Contractor, I am confirming that I have read and understand my duties to ensure they are competent as described in Regulations 11C-H of The Building Regulations 2010

Contact Name:	
Business Name:	
Contact Address:	
Email Address:	
Telephone Number:	

Designer Details:

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I understand that in providing contact details for my Designer, I am confirming that I have read and understood my duties to ensure they are competent as described in Regulations 11C-H of The Building Regulations 2010

Contact Name:	 		
Business Name:	 	 	
Contact Address:			
Email Address:			
Telephone Number:			



Civic Offices Union Street Chorley PR7 1AL

Location of Development:	
Address:	
Proposed Works:	
Description:	
Proposed Start Date:	
Proposed Completion Date:	
Building Information:	
Existing Use of Building:	
Existing Use of Individual Stories:	
Existing Building Height:	
Existing Number of stories:	
Proposed Use of Building:	
Proposed Use of Individual Stories:	
Proposed Building Height:	
Proposed Number of stories:	
	n measuring the building height, I have included any basement level and all cribed in Regulation 6 of The Higher Risk Buildings (Description and Ilations 2023
I can confirm that this building a and will apply following complet	also comes under the remit of The Regulatory Reform (Fire Safety) Order 2005 tion of the works
Application Fees:	
1. Please state the new floor area crea	ated by extension and/or conversion:
2. Please state the estimated cost of v	vorks excluding VAT:
Full Plans fee (fees are calculated against o	our standard fees for the type of work you propose to carry out)
Plan Deposit Fee (including VAT):	Inspection Fee (including VAT):
Building Cor	ntrol, Chorley Council, Civic Offices, Union Street, Chorley, PR7 1AL

Invoicee Details:

Contact Name:	 	
Business Name:	 	
Contact Address:	 	
Email Address:		
Email Address.	 	
Telephone Number:	 	

Statement:

This notice is given in relation to the building works as described, and is submitted in accordance with Regulations 12(2)(b) and 14 and is accompanied by the appropriate fee. I understand that further fees will be payable following the first inspection by the Local Authority (Please ensure you have provided details of who is to be invoiced in the section above)

Signed:	
Name:	
Date:	