

Local Authority Building Control Partner Authority Scheme



Building Act 1984
The Building Regulations 2000

FULL PLANS SUBMISSION

The Partner Authority for this work is: Building Consultancy Services, Borough of Poole, Civic Centre, Poole, BH15 2RU.
Tel: 01202 633250 Fax: 01202 633244 Email: bldg.consult@poole.gov.uk Internet: www.boroughofpoole.com

FOR OFFICE USE ONLY
Received:
Plan No:

FOR OFFICE USE ONLY
Plan Fee:
Receipt No:
Date:
Inspection Fee:

This form is to be completed by the person who intends to carry out the building work or agent. It must be accompanied by drawings as indicated overleaf.

1 Applicant's Details
Name _____
Address _____
Postcode _____ Tel: _____ Fax: _____

2 Agent Details (if applicable)
Name _____
Address _____
Postcode _____ Tel: _____ Fax: _____


3 Location of Building to which Work Relates
Address _____
Postcode _____ Tel: _____ Fax: _____

4 Proposed Work	4a Means of Escape Design		
Description: _____	Confirm design below:-		
_____	1. British Standard <table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
_____	2. Approved Document <table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
_____	3. Other (specify)		

5 Use of Building
1. If new building or extension please state proposed use: _____
2. If existing building state present use: _____

I consent to the plans being passed subject to conditions where appropriate.	I agree to an Extension of Time for the consideration of plans from 5 weeks to 8 weeks if necessary
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7 Total Estimated Building Cost (excluding V.A.T.)	£
_____	_____

8 Statement
This notice is given in relation to the building work as described, is submitted in accordance with Regulation 11(1)(b) and is accompanied by the appropriate fee. I understand that further fees may be payable following the first inspection by the Local Authority.
Name: _____ Signature: _____ 
Date: _____