

Haringey Building Control
Alexandra House Level 5
10 Station Road
Wood Green
N22 7TR

Telephone: 020 8489 5504

Email: building.control@haringey.gov.uk
Website: www.haringey.gov.uk/buildingcontrol

Building Regulations Form

The Building Act 1984
The Building Regulations 2010

Full Plans

Building Notice

Regularisation

(Select Application Type Reqd)

(Fields noted * are Mandatory)

1

Location of building to which work relates

Address: * Postcode: *

2

Owner's details

Mr/Mrs/Miss/Ms: * Forenames: * Surname: *

Address: *

Address: * Postcode: *

Email:

Tel: * Mobile:

3

Agent's details (if applicable)

Name:

Address:

Address: Postcode:

Email:

Tel: Mobile:

4

Builder's details

Name:

Address:

Address: Postcode:

Email:

Tel: Mobile:

Contact Details

Telephone: 020 8489 5504

Email: building.control@haringey.gov.uk

Website: www.haringey.gov.uk/buildingcontrol

Address:

Haringey Building Control

225 High Road

Wood Green

London N22 8HQ

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Electrician : If this application is for a Residential project which involves the installation of new electrical works, please confirm If you are intending to use a Registered "Part P" qualified Electrician, who is an Authorised Competent Person **If no, please also submit form "Part P" found on our website. Please be advised this will incur a further charge.**

YES /NO *

6

Proposed / Completed Work

Description: *

7

Date the Works Commenced (Regularisation Only)

Date: *

8

Use of building

1 If new Building or extension please state proposed use: *

2 If existing building state present use: *

3 Is the building to be put to a use which is regulated by the Regulatory Reform (Fire Safety) Order 2005

YES /NO *

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For New Build Dwellings and Newly Created Dwelling Only

Do you have Planning Permission?

YES NO *

Have Planning Specified any Optional Requirements?

YES NO * Awaiting Permission *

Please Specify the Number of Units Required Under the Following Categories;

Part M4 (1) VISIBLE Dwellings. _____

Part M4 (2) Accessible and Adaptable Dwellings.. _____

Part M4 (3) Wheelchair User Dwellings_____

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Fees* (see guidance note on fees for information)

Type of Fee from Fee Schedule	Fee Submitted (£)

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Statement

I agree to the plans being passed in accordance with conditions.

I agree to an extension of time, up to 8 weeks from the date of this application.

I have read and understood the guidelines and completed this form with information which I believe is accurate.

This notice is submitted in accordance with regulations 12 (2)(b), 12 (2)(a) or 18 (2) and is accompanied by the appropriate fee.

This application is valid for 3 years from the date of deposit, to commence the works.

Name: *

Date: *

