APPLICATION TO OBTAIN REGULARISATION CERTIFICATE



Building Control Section West Offices Station Rise York YO1 6GA

Tel: (01904) 551333

1	Applicant Name Address	2	Agent (if applicable) Name Address
	Postcode Tel:Fax:		Postcode Tel:Fax:
3	Location of proposed work		Postcode
4	Date When was the work referred to in this	notice	e carried out?
5	Description of the work (continue on a separate sheet if necessary)		
	IMPORTANT – PLEASE NOTE: TO ASCERTAIN COMPLIANCE WITH BUILDING REGULATIONS, IT <u>WILL</u> BE NECESSARY TO UNCOVER ALL ASPECTS OF WORK. THIS COULD INCLUDE FOUNDATIONS, WALLS, FLOORS, ROOFS, DRAINAGE AND ANY OTHER AREAS AS REQUIRED.		
6	Additional information	innian?	VES/NO
	 Have you applied for planning permi Is this a re-submission of previously 		YES/NO d plans? YES/NO
THIS SECTION MUST BE COMPLETED			
7	Charges (Telephone Building Control 0190 1. Schedule 2: floor area 3. Enclosed charge: £	04 5513	
8	Statement		on 13A (2) in relation to the building work described Date