**INTEGRAL BC SOLUTIONS PROJECT APPLICATION FORM FOR DSV2023.1**

**DOMESTIC BUILDING WORK [Not New Build Dwellings] Page 1 of 3**

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| 1. What is the postal address of the site : |
|  | Postcode:  |

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| 2. Brief description of the building work (max 25 words) : |

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| --- | --- |
| 3. Use of the building : (ie domestic, HMO, residential etc) | As existing :  |
| Proposed :  |

|  |  |
| --- | --- |
| 4. In the whole building : | Number of floor above Ground Floor :  |
| Number of Basement Floors :  |
| Which floor(s) are the proposed the works on -  |  |

|  |  |
| --- | --- |
| 5. Project Details | Estimated cost of works : £  |
| Anticipated start date :  | Site Duration :  |
| Agreed Integral Fee : £  | + VAT | PO Number :  |
| If the project is a new build or extension involving foundations, estimated date at which **sub-structure and slab** will be finished:  |
| If the project does **not** consists of a **new build or extension**, estimated date at which **15%** of the project will be complete on site:  |
| Confirm what works will be carried out to achieve **15%** : |

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| 6. APPLICANTS DETAILS Your details as the person making the application |
| Your Role: CLIENT / DESIGNER / CONTRACTOR / AGENT / OTHER (Please Specify) : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode :  |
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| 7. OCCUPIER/OWNER/CLIENT for the Dwelling/Flat [if not Applicant] : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode |

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| 8. CONTRACTOR/BUILDER [if not Applicant] : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode : |

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| --- |
| 9. Integral BCS INVOICE to be paid by [if not Applicant] : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode :  |
|  |

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| 10. Who is the MAIN CORRESPONDANT [if not Applicant] : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode : |
|  |

1. If the works consists of a **new building** or an **extension** then a **location/block plan** is required indicating the location of the new work. Has a location/block plan been provided? **YES NO N/A**
2. DRAINAGE

a. The proposed work **will / will not** involve the creation of a **foul or surface water below ground drain** that served more than one property. The location of the new drain is :

b. Will there be an external below ground connection to the existing foul or surface water drains YES NO N/A

c. The proposed work **will / will not** involve the creation of a :

 new septic tank / secondary treatment / wastewater treatment / cess pool

d. Will an existing public sewer need to be diverted? YES NO N/A

1. Has Planning Permission been Granted YES NO N/A
2. Are there trees within 10m YES NO N/A
3. Does the existing building have smoke detection YES NO N/A
4. Is means of escape via a **protected stair** or **egress windows:**
5. Will a **Part P [electrical]** certificate be issued on completion YES NO N/A
6. Will all **replacement** windows be FENSA certified YES NO N/A
7. I agree that Integral BC Solutions Ltd can sign the Initial Notice and any other Notices on my behalf.

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**Integral BC Solution will serve the Initial Notice on the Local Authority once we have received the required information. Building work should not commence until the notice has been accepted. This may take up to 5 days following submission**

**Returning the completed application forms should be considered as an agreement to enter into a contract with Integral BCS Ltd and an agreement to our terms and conditions which can be found at** [**http://integralbcs.co.uk/building-control-services/terms-and-conditions**](http://integralbcs.co.uk/building-control-services/terms-and-conditions)

Signature: Name: Date:

**Homeowner signature**: Name: Date:

To be signed by the **client or contractor** to confirm appointment as your Building Control Body