**INTEGRAL BC SOLUTIONS PROJECT APPLICATION FORM FOR M2023.1**

**MEZZANINE WORK Page 1 of 2**

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

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

|  |  |
| --- | --- |
| 3. Use of the building : (ie retail, industrial, warehouse etc) | Existing :  |
| Proposed :  |

|  |  |
| --- | --- |
| 4. In the whole building : | Number of floor above Ground Floor :  |
| Number of Basement Floors :  |

|  |  |
| --- | --- |
| 5. Project Details | Estimated cost of works : £  |
| Anticipated start date :  | Site Duration :  |
| Agreed Integral Fee : £  | + VAT | PO Number :  |
| Estimated date at which **15%** of the project will be complete on site:  |
| Confirm what works will be carried out to achieve **15%** : |

|  |
| --- |
| 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 :  |
|  |

|  |
| --- |
| 7. OCCUPIER/OWNER/CLIENT for the Building/Unit [if not Applicant] : |
| Contact Name :  | Tel :  |
| Company :  | Mob :  |
| Email :  |
| Address :  | Postcode |
|  |

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

Page 2 of 2

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

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

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~~

1. Does the existing building [and proposed] have
2. Fire Detection YES NO N/A
3. Sprinklers YES NO N/A
4. Break-Glass call points YES NO N/A
5. Is Fire Detection and Emergency Lighting within this contract YES NO N/A
6. Is 60 min Fire Resistance provided to columns and ceiling YES NO N/A
7. Is the structure racking supported walkways YES NO N/A
8. Are there solid partitions [rooms] above or below the floor YES NO N/A
9. Has ventilation been included to all new accommodation YES NO N/A
10. I agree that Integral BC Solutions Ltd can sign the Initial Notice and any other Notices on my behalf.

**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:

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