



APPLICATION PACK FOR BUILDING CONTROL SERVICES

Office use only:

Application Number	
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This application form is for *Building Control Management (BCM)* to act on you or your organisations behalf in regards to building control. If you have already provided details to us it may already be inputted into this form, but please double check all information within.

This form initiates the appointment process of BCM to regulate the project in its capacity as a statutory appointed Building Control Body.
Following review of the information below, the appointment letter and contract will be issued by BCM for your consideration and agreement.

Please fill this form out electronically and return it to:

applications@buildingcontrolmanagement.co.uk

Contents

1. Details
2. Consent and declaration
3. Work to be carried out
4. Confirmation

Part 1: Details

Is this application on behalf of yourself or as an agent for an organisation?

☐ Myself

☐ An organisation. If so, what is the organisations name?

What is your role?

☐ Another party

Your Details

This section is for the details of the person who is filling out the form.

Your First Name(s):

Your Last Name:

Your Address:

Post Code:

Your Email Address:

Your Phone Number:

The Clients Details

This section is for the details of The Client. Under Building Regulations a Client is any person or organisation for whom a construction project is carried out.

First Name(s):

☐ These details are the same as above

Last Name:

Address:

Post Code:

Email Address:

Phone Number:

Property Details

The address of the proposed building works.

Address:

Post Code:

Part 2: Consent and Declaration

- ☐ I provide consent for Building Control Management to submit an initial notice on my behalf.
- ☐ I provide consent for Building Control Management to have access to relevant information from other parties involved within the project.
- ☐ I have been provided a copy of and agree to *Building Control Management's* [terms and conditions](#).
- ☐ I confirm I have the authority to submit this application and sign contracts on behalf of myself, or as an agent, or on behalf of my organisation.
- ☐ I declare that I understand that under [The Building Regulations 2010, PART 2A](#) it is *The Clients* reasonability to ensure that the design work is carried out so that the building work to which the design relates, if built, would be in compliance with all relevant requirements.

Part 2: Consent and Declaration (continued)

Principal Designer to be used

If known / applicable, please fill in the details of the principal designer that is planned to be used during the project.

Organisation Name:

First Name(s):

Last Name:

Address:

Post Code:

Email Address:

Phone Number:

Principal Contractor to be used

If known / applicable, please fill in the details of the principal contractor that is planned to be used during the project.

Organisation Name:

First Name(s):

Last Name:

Address:

Post Code:

Email Address:

Phone Number:

Part 3: Work to be carried out

Description of Works to be Carried Out

- ☐ I require a building regulation plans certificate
- ☐ I would like physical plans certificate
- ☐ I would like physical final certificate

Description of Works to be Carried Out

Estimated Start Date	
Estimated Commencement Date	
Estimated Completion Date	

Part 5: Confirmation of Application

This form is an application only. It can be withdrawn at any time. If BCM agrees to work with you, this application form will form the basis of a contract. It will be returned to you with a fixed price fees for the work to be completed.

I confirm that, to the best of my knowledge, that the information provided with this application form is correct. I understand that if the information differs from reality *Building Control Management* can withdraw their services.

Client Signature

First and Last name	
<i>On behalf of</i>	
Signature	
Date	

Electronic and physical signatures are to be considered equal.

Thank you. Once complete please return this form to
applications@buildingcontrolmanagement.co.uk