

Town Hall, Royal Tunbridge Wells, Kent, TN1 1RS

Email bcr@tunbridgewells.gov.uk | Tel 01892 554124

Information required by a person applying for a regularisation certificate for building work to be provided a s far as is reasonably practicable (England)

Building Regulations 2010 (as amended).

Name of the client

Where a local authority receives an application in accordance <u>Regulation 18</u>, they may require the applicant to take such reasonable steps as the authority think appropriate to ascertain what work, if any, is required to secure that the relevant requirements are met.

Address of the client				
Telephone number of the client				
Email address of the client (if available)				
I confirm that to the best of my knowledge the work complies with all applicable requirements of the building regulations.				
Signature of client				

Date

Principal contractor

Name of principal contractor (or sole contractor)				
Address of principal contractor (or sole contractor)				
Telephone number of the principal contractor (or sole contractor)				
Email address of the principal contractor (or sole contractor)				
Date of appointment				
	duties as a principal contractor (or sole contractor) competence) of these Regulations.			
Signature of principal contractor (or sole contractor)				
Date				
** Name of principal contractor (or sole contractor)				
Address of principal contractor (or sole contractor)				
Telephone number of the principal contractor (or sole contractor)				
Email address of the principal contractor (or sole contractor)				
Date of appointment				
I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under Part 2A (dutyholders and competence) of these Regulations.				
Signature of principal contractor (or sole contractor)				
Date				

P	rin	cin	al	des	sia	ıner
•		OIP	'a:	acc	JIS	

Name of principal designer (or sole designer)	
Address of principal designer (or sole designer)	
Telephone number of the principal designer (or sole designer)	
Email address of the principal designer (or sole designer)	
Date of appointment	
I confirm that I have fulfilled my Part 2A (dutyholders and compe	duties as a principal designer (or sole designer) under etence) of these Regulations.
Signature of principal designer (or sole designer)	
Date	
** Name of principal designer (or sole designer)	
Address of principal designer (or sole designer)	
Telephone number of the principal designer (or sole designer)	
Email address of the principal designer (or sole designer)	
Date of appointment	
I confirm that I have fulfilled my Part 2A (dutyholders and compe	duties as a principal designer (or sole designer) under etence) of these Regulations.
Signature of principal designer (or sole designer)	
Date	
** If more than one dutyholder ann	ointment is made, details and confirmation is required by

^{**} If more than one dutyholder appointment is made, details and confirmation is required by each principal contractor (or sole contractor) and each principal designer (or sole or lead designer) appointed by the client. Add additional contacts and statements as required.