**Project Appointment Form**

**PLEASE COMPLETE ALL FIELDS**

**Our Ref:**

|  |  |  |
| --- | --- | --- |
| **1** | **Project Address****(inc Postcode)** |  |

|  |  |  |
| --- | --- | --- |
| **2** | **Description of work** |  |

|  |  |
| --- | --- |
| **3** | **Client details (person having the work done, generally the property owner)** |
| Name |  |
| Company Name |  |
| Address including postcode |  |
| Landline |  | Email |  |
|  | Mobile |  | Other |  |

|  |  |
| --- | --- |
| **4** | **Agent/Architect (Principal Designer)****Tick if self-build and all client led/managed** [ ]  (where blank all responsibility goes back to the client) |
| Name |  |
| Company Name |  |
| Address including postcode |  |
| Landline |  | Email |  |
|  | Mobile |  |  |  |

|  |  |
| --- | --- |
| **4** | **Contractor/Builder details (Principal Contractor)** **Tick if self-build and all client led/managed** [ ]  (where blank all responsibility goes back to the client) |
| Name |  |
| Address including postcode |  |
| Landline Tel |  | Email |  |
|  | Mobile Tel |  | Other |  |

|  |  |
| --- | --- |
| **5** | **Invoice Recipient (Please complete ALL sections)** |
| Name |  | Company |  |
| Address |  |
| Tel |  | Email |  |
| Purchase Order No. |  |
| Special Invoice instructions |  |

|  |  |
| --- | --- |
| **6** | **Agreed Fee £**As per quote reference number:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Start date estimated** |  | **Completion date estimated** |  |

|  |  |  |
| --- | --- | --- |
| **8** | Plans – please enclose a site location plan if the works involve an extension or erection of a building. (New build and extensions only) | [ ]  |

|  |  |
| --- | --- |
| **9** | **Drainage** |
| Is there to be a new connection to a public sewer that you are aware of? (If ‘yes’ please provide a plan showing the approximate location of the new connection) | Yes [ ]  | No [ ]  |
| Is the building constructed over or within 3 metres of a public sewer that you are aware of? (New build and extensions only) | Yes [ ]  | No [ ]  |

|  |  |
| --- | --- |
| **9** | **Optional requirements**\* New dwellings only |
| Has planning permission been granted for your project? | Yes [ ]  | No [ ]  |
| Enter Planning reference number where applicable: |
| Has a condition of planning permission imposed a requirement to limit water use to no more than 110 l/person/day?  | Yes [ ]  | No [ ]  |
|  | Has a condition of planning permission imposed a requirement in relation to Part M (Category 2 – accessible and adaptable dwellings, or Category 3 – wheelchair user dwellings)? | Yes [ ]  | No [ ]  |
|  | \*Optional requirements relate to more stringent water efficiency requirements and wheelchair accessibility and is imposed by local planning authorities but implemented through the building control system. |

I agree to your terms of business and confirm on behalf of the client that I would like you to act in your capacity of Approved Inspectors. Please sign and submit the Initial Notice to the Local Authority on their behalf. I have made the client aware of Top Building Control Ltd being appointed and they have agreed to the quote and terms.

|  |  |  |
| --- | --- | --- |
| **10** | Signed: | Dated: |
|  | Print Name: |

NOTES: Please ensure you are aware of your legal responsibilities such as:

* Appointment of Building Control 5 working day before work starts.
* Build over agreement for sewers if necessary.
* Party wall agreement if necessary.
* Planning permission if required.
* Notification of work stages for inspections
* Compliance declaration at the end before final certificate can be issued.
* Changes of contractor or designer to be notified to Top Building Control Limited.
* Duty to ensure all persons appointed are competent.