**Reversion Submission**

**The Building Act 1984 (as amended)**

**The Building Regulations 2010**

| **Applicant’s Details** | **Approved Inspector Details** | **Builder** |
| --- | --- | --- |
| **Name:** |  |  |  |
| **Address:** |  |  |  |
| **Postcode:** |  |  |  |
| **Tel:** |  |  |  |
| **Mobile:** |  |  |  |
| **Email:** |  |  |  |
| **Location** | **Proposed Works** | **Use of Building/extension** |
| **Address:****Postcode:** |  |  |  |
| Regulatory Reform (Fire Safety Order 2005)?**Applicable: YES / NO** |  |  |
| **Please ensure all elements of work are clearly identified (see notes).** |
| **Fees:** | Schedule A | Dwellings | Ref: A  |
|  | Schedule B | Domestic extensions and alterations, detached garages etc | Ref: B  |
|  | Schedule C | Non Domestic work | Ref: C  |
| **Fee Exemption** | Disabled: **YES / NO** | Doctors Letter: **YES / NO** | Social Services letter: **YES / NO** |
|  |
| **Inspections** | Inspections will be carried out as appropriate and a Reversion Certificate will be issued once the submitted details have been reviewed and the works inspected, shown to comply with the Building Regulations and all fees relating to the work have been paid. |
| **Statement** | This notice is given in relation to the building work as described, is submitted and accompanied by the appropriate fee.  |
| Name: | Signature: | Date: |

**TENDRING DISTRICT COUNCIL, Building Control, Planning Services, Town Hall, Station Road, Clacton On Sea, CO15 1SE**

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