

Full Plans Submission



If you would prefer correspondence by **e-mail**, please provide your address where indicated*.

This form is to be filled in by the person who intends to carry out building work or agent. If the form is unfamiliar please read the guidance notes or consult your local Building Control office.

Rochford District Council
 Council Offices, South Street
 Rochford, Essex SS4 1BW
Planning Services

1	2
Applicant's Details	Agents Details (if applicable)
Name _____	Name _____
Address _____	Address _____
_____ Postcode _____	_____ Postcode _____
Tel. _____ Fax _____	Tel. _____ Fax _____
E-mail* _____	E-mail* _____

3 Location of Building to which Work Relates

Address _____

Postcode _____ Tel. _____ Fax _____

4 Proposed Work – Description _____

Is the proposed work subject to Partnering or a current LANTAC approval? Yes No

5 Existing Use of Building _____

Proposed Use of Building _____

6 Planning Reference Number (if applicable) _____

Do the works affect a Listed Building or a site in a Conservation Area? Yes No

7 (a) Completion Certification – will be issued on satisfactory completion of works
Conditions – do you consent to?

(b) the plans being passed subject to conditions wehre approp Yes No

(c) an extension of the statutory time limited by three weeks if necessary? Yes No

8 Fire Safety Order – Is the building designated? Yes No

9 Fees (see separate guidance note on fees)

If Schedule 1 work, please state the total number of dwellings _____

If Schedule 2 work, please state floor area _____ m²

If Schedule 3 work, please state the estimated cost of work **exc. VAT** £ _____ **Fee inc. VAT** £ _____

7 Statement

This notice is given in relation to the building work as described, is submitted in accordance with Regulation 12(2)(a) and is accompanied by the appropriate fee

Name _____ Signature _____ Date _____

