

# Building Regulations Form

The Building Act 1984  
The Building Regulations 2010



Please indicate  
application  
type:

A) Full Plans  
Submission  
*(Any new work)*

B) Building  
Notice  
*(Domestic  
new work only)*

C) Regularisation  
Certificate  
*(Existing  
unauthorised work)*

D) Partnership  
also see  
Question 7a

E) Reversion

(Fields noted \* are Mandatory)

1

## Location of building to which work relates

Address: \*

Postcode: \*

2

## Owner's details

Mr/Mrs/Miss/Ms: \*

Forenames: \*

Surname: \*

Address: \*

Address: \*

Postcode: \*

Email:

Tel: \*

Mobile:

3

## Agent's details (if applicable)

Name:

Address:

Address:

Postcode:

Email:

Tel:

Mobile:

4

## Builder's details

Name:

Address:

Address:

Postcode:

Email:

Tel:

Mobile:

**Contact Details**

Telephone: 020 8379 3624  
 Email: [building.control@enfield.gov.uk](mailto:building.control@enfield.gov.uk)  
 Website: [www.enfield.gov.uk](http://www.enfield.gov.uk)

**Address:**

**London Borough of Enfield**  
**Building Control Services**  
 PO Box 53, Civic Centre, Silver Street  
 Enfield, Middlesex, EN1 3XE

**5****Electrician:**

If this application is for a Residential project which involves the installation of new electrical works, please confirm if you are intending to use a Registered "Part P" qualified Electrician, who is an Authorised Competent Person.  
**If no, please be advised this will incur a further charge.** YES  / NO \*

**6****Proposed / Completed works**

Description of proposed / completed building work: \*

**7****Date the Works Commenced (Regularisation Only)**

Date: \*

**7a****Do you require Enfield Council to do the Inspections (Partnership Applications Only)**

YES  / NO \*

**8****Use of building**

1. If new Building or extension please state proposed use: \*

2. If existing building state present use: \*

3. Is the building to be put to a use which is regulated by the Regulatory Reform (Fire Safety) Order 2005

YES  / NO \*

**9****For New Build Dwellings and Newly Created Dwelling Only**

Do you have Planning Permission?

YES  NO \*

Have Planning Specified any Optional Requirements?

YES  NO \*

Awaiting Permission

\*

Please Specify the Number of Units Required Under the Following Categories;

Part M4 (1) VISIBLE Dwellings..... \_\_\_\_\_

Part M4 (2) Accessible and Adaptable Dwellings ... \_\_\_\_\_

Part M4 (3) Wheelchair User Dwellings..... \_\_\_\_\_

**10****Fees\*** (see Building Control Charges form for guidance)

Fee description	Fee Submitted (£)

**11****Statement**

I agree to the plans being passed in accordance with conditions.

I agree to an extension of time, up to 8 weeks from the date of this application.

I have read and understood the guidelines and completed this form with information which I believe is accurate.

This notice is submitted in accordance with regulations 12 (2)(b), 12 (2)(a) or 18 (2) and is accompanied by the appropriate fee.

This application is valid for 3 years from the date of deposit, to commence the works.

Name: \*

Date: \*