

**Instruction of Appointment**

Please ensure that this application is registered at least 5 working days before building work starts on site; we cannot provide services for retrospective work or work started within this 5 day period following registration

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| Please let us know the PWC Surveyor/Office that you would like to be your point of contact: **Wakefield**(If this is left blank a PWC office will be appointed for you) |
| **Section 1** | **Site Details** |
| Site Address |  |
|  | Postcode: |
| **Section 2** | **Building Use** |
| **Residential/Existing**  |  **Yes/No** | **New Dwelling : House Yes/No** | **Flat Yes/No** | **Commercial Yes/No** | **HMO Yes/No** |
|  **Multi Plot Yes/No** | **No of Plots/Units** |
| **Section 3** | **Application Details** |
| Project Description(This will be on the legal documentation) |  |
| Please Note: Change or new footprint requires a site location plan scale 1:1250 to be provided with this formWould you like PWC to purchase a Site Location Plan? Yes / No (current charge of £13.50+VAT to be added to fees)  |
| **Full Plans**Please Note: Commercial project & premises with common areas must have full plans. Please supply them with this form |
| **Section 4** | **Property Owner/Homeowner/Responsible Person Contact information** |
| Title:  | Forename: | Surname: |
| Company Name: |  |
| Address: |
|  | Postcode: |
| Email | Telephone/Mobile: |
| Are you the: | **Client** | **Owner** | **Other please specify:** |
| **Section 5** | **Builder, Agent and/or Project Manager Details** |
| **BUILDER** | **Company Name:** |
| Title:  | Forename: | Surname: |
| Address: |
|  | Postcode: |
| Email: | Telephone/Mobile: |
| **AGENT** | **Company Name:** |
| Title: | Forename | Surname: |
| Address: |
|  | Postcode: |
| Email:  | Telephone/Mobile: |
| Who will be responsible person/ project managing the scheme and therefore be PWC’s primary point of contact for communication? |
| **Applicant/Client** | **Builder** | **Agent/Designer** |

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| **Section 6** | **Finance** |
| Who is responsible for the fees:  |
| **Applicant/Client** | **Builder** | **Agent/Designer** | **Other please specify below:** |
| (please ensure the relevant contact details are completed in section 4 / 5 for the person responsible for the fees. If the person responsible for the fees is not shown in section 4 / 5, please complete the section below) |
| Title: | Forename: | Surname: |
| Address: |
|  | Postcode: |
| Email: | Telephone/Mobile: |
| Have you received a fee proposal? Yes please ensure quote is return with Application Form  |
| **If NO** please provide : any available plans Yes/No  Internal floor area in m2 m2 Estimated cost of works: £ |
| **Section 7** | **Planning, Drainage and Regulations** |
| Who is the Local Authority for the location of the project? | **Optional Requirement -New dwellings only :** Additional planning conditions (optional requirements) applicable: Delete as appropriate Accessibility Part M 4 (2) Yes No Accessibility Part M 4 (3) Yes No Water efficiency Part G (110l/p) Yes No Planning not yet granted Yes No |
| Is the site in a Radon affected area? *If you are unsure, please refer to a radon may which can be found online via www.ukradon.org*Yes No *Delete as appropriate* |
| Do you have planning approval? If yes, please provide the planning reference number: |
| **Part R - New Dwelling only: *Delete as appropriate***1. Is each dwelling to be equipped with a gigabit – ready physical infrastructure that extends from a network termination point to a distribution point? Yes No 2. Where a gigabit – ready physical infrastructure cannot be installed to each dwelling is a high speed network connection to be installed? Yes No3. Where a gigabit ready or high speed network cannot be installed is an USO – Standard connection to be installed? Yes No |
| Please identify drainage considerations: Foul water connection to: Surface water connection to: |
|  |
| Consultation with the Water Authority:Are you aware of any public sewers which may require a water consultation?If yes, has the water consultation application been made: |
| **Section 8** | **Authorisation and Signature** |
| I AM THE: | **APPLICANT/OWNER** |  | **BUILDER** |  | **AGENT** |  | **OTHER** |  |
| AND MY DETAILS ARE SHOWN ABOVE AS SUCH |
| Please tick/mark with X | I am authorised to instruct PWC Building Control Services Limited to act as the Building Control Provider. |
| Please tick/mark with X | I authorise PWC Building Control Services Limited to sign the Initial Notice on my/our behalf and to serve the Initial Notice to the Local Authority |
| Please tick/mark with X | I understand that no building work can commence until 5 working days have been completed, from the day of registering this project |
| Please tick/mark with X | By signing, I agree to PWC Building Control Services Limited terms and conditions found at [www.pwc.uk.net](http://www.pwc.uk.net/) relating to this work |
| Please tick/mark with X | I understand and agree that PWC Building Control Services Limited will need to hold my details securely in connection with this project for 15 years after completion in order to fulfil its duties as an Approved Inspector and will only release these details to relevant third parties concerned with the project |
| Signature: |  |
| Name: |  |
| Date: |  |