



REVERSION NOTICE

This notification refers to works where a cancellation of an Initial Notice has been received (Form 7) and works have already commenced.

1	Location of building to which this application relates
	Address:

2	Proposed Work
	Description:
	Date of commencement:

3	Approved Inspector
	Company Name:
	Date of Cancellation Notice:

4	Applicants Details		
	Name:		
	Address:		
	Postcode:	E Mail:	Tel:

5	Agents Details (if applicable)		
	Name:		
	Address:		
	Postcode	Email:	Tel:

6	Builders Details		
	Name:		
	Address:		
	Postcode	Email:	Tel:

7	Charges	
	Reversion fee based on the information available and site inspections required to assess Building Regulations compliance. Confirmation of fee will be provided if not already obtained.	
	Reversion Notice Fee:	
	Person responsible for fee if different to No 1	

8	Additional Information	
	1. Where a new building or an extension to a building has been erected are there any trees within 30 metres of the building? (If Yes, show species, size and location on plan) YES <input type="checkbox"/> NO <input type="checkbox"/>	
	2. Does the work include any controlled domestic electrical work? (If yes, complete 3 below) YES <input type="checkbox"/> NO <input type="checkbox"/>	
	3. If yes, did a competent person, who is registered with a Part P self-certification scheme, carry out the electrical installation? If no or this is not known, an additional charge, will be added to the reversion charge. NOT KNOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
	4. New Dwellings For New Build Houses & Flats No. of units for sale (private) _____ No. of units for rental (Housing Association) - _____ * I confirm that one or more of the following 'Optional Requirements' in the Building Regulations 2010 apply to this work:- * i) Regulation 36 (2)(b) – Optional Water Efficiency requirements of 110 litres per person per day; YES <input type="checkbox"/> NO <input type="checkbox"/> * ii) Schedule 1 Part M Optional Requirement M4(2) (category 2 – accessible and adaptable dwellings); YES <input type="checkbox"/> NO <input type="checkbox"/> *iii) Schedule 1 Part M Optional Requirement M4(3) (category 3 – wheelchair user dwellings) YES <input type="checkbox"/> NO <input type="checkbox"/>	

9	Declaration		
	This notification is made in relation to the building work as described above and is in accordance with the requirements of the Building Act 1984 & Building (Approved Inspectors etc) Regulations 2010 .		
	Name:	Signature:	Date: / /