



<p>Name: _____</p> <p>Address: _____</p> <p>Flat Position: _____</p> <p>Telephone No: _____</p>	<p>Type of Alteration (✓ and provide description)</p> <p>laminare floor <input type="checkbox"/></p> <p>satellite dish <input type="checkbox"/></p> <p>tile floor <input type="checkbox"/></p> <p>shower <input type="checkbox"/></p> <p>kitchen alterations <input type="checkbox"/></p> <p>internal doors <input type="checkbox"/></p> <p>garden alterations <input type="checkbox"/></p> <p>other <input type="checkbox"/></p>
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Please provide a brief description of the **TYPE** of work to be carried out and the rooms affected:
(please provide fullest details including plans, specifications, estimates etc.)

Please provide estimated cost of work: £ _____

Are you using a contractor to carry out the work? Yes No

If **YES**, please provide details of contractor:

Name: _____

Address: _____

Does the work require alterations to:

Electrical Wiring:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gas Piping:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Water Piping:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please note that any alterations to electrics or gas systems are governed by Building Regulations and permission can only be granted if they are carried out by a qualified electrician or gas engineer and the relevant alteration certificates provided on completion.

DECLARATION:

I confirm that the above information is a true and accurate record of the work to be carried out and that work will not start until approval has been provided by the Co-operative:

Signed: _____ Date: _____

Name: _____

FOR OFFICE USE ONLY

Date Received: _____

Class of Application: A B C

Pre Inspection Required?

If YES, Date: _____

Yes No

Pre Inspected By: _____

Post Inspection Required?

If YES, Date: _____

Yes No

Post Inspected By: _____

Right to Compensation Improvement?

Yes No

Assessed Amount Work:

£ _____

Notional Life of Improvement:

Expiry Date of Notional Life:

Building Warrant Required?

If YES, Warrant No: _____

Yes No

Date: _____

Planning Permission Required?

If YES, Application No: _____

Yes No

Date: _____

Electrical Certificate Required?

If YES, Certificate No: _____

Yes No

Date: _____

Gas Certificate Required?

If YES, Certificate No: _____

Yes No

Date: _____

Application Approved/Rejected:

Date Approved/Rejected:

Approval/Rejection Letter:

COMPLETED BY STAFF MEMBER:

Signed: _____

Date: _____

Name: _____