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| logo | **Law & Governance**BUILDING CONTROLPO BOX 15Council HouseCOVENTRYCV1 5RRTelephone: 024 7683 2057 Email: buildingcontrol@coventry.gov.uk |

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| **Application Number:** | **Application Address:** |

**Notice of Completion by a person carrying out building work**

Building Regulations 2010 (as amended) Regulation 16 ‘Notices in relation to building work’

Regulation 16 (4) “*A person carrying out building work shall, not more than five days after that work is completed, give the relevant authority a completion notice“.*

**Declaration** that the building work mentioned below is complete and complies with all the applicable requirements of the building regulations.

|  |
| --- |
| **Details of completed building work** |
| Application Reference |  |
| Site Address |  |
| Description of work |  |
| Date of Completion |  |

|  |
| --- |
| **Applicant Details** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| --- |
| **Principal (or sole) Contractors Details** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| --- |
| **Principal (or sole) Agent Details** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

**Declaration of conformity the Applicant**

To the best of my knowledge, I confirm that the building work (to which the details above relate) is complete and complies with all the applicable requirements of the building regulations.

|  |  |
| --- | --- |
| Applicant’s signature |  |
| Applicant’s name  |  |
| Date of signature |  |

**Declaration of conformity the each (or sole) Contractor**

I declare that I have fulfilled my duties as a principal contractor under Part 2A (duty holders and competence) of the Building Regulations 2010 (as amended)

|  |  |
| --- | --- |
| Contractor’s signature |  |
| Contractor’s name  |  |
| Date of appointment |  |
| Date of signature |  |

**Declaration of conformity the Principal (or sole or lead) Agent**

I declare that I have fulfilled my duties as a principal designer under Part 2A (duty holders and competence) of the Building Regulations 2010 (as amended)

|  |  |
| --- | --- |
| Agent’s signature |  |
| Agent’s name  |  |
| Date of appointment |  |
| Date of signature |  |