|  |  |
| --- | --- |
| 1 | Host Authority:  |
|  |
| Cross Boundary Inspecting Authority / Partner Authority: |
| Lead Surveyor: | E Mail: | Tel: |
| Host Authority ref (if known): | Inspecting Authority ref (if known): |

|  |  |
| --- | --- |
| 2 | Applicants Details  |
| Name: |
| Address: |
| Postcode: | E Mail: | Tel: |

|  |  |
| --- | --- |
| 3 | Agents Details (if applicable)  |
| Name: |
| Address: |
| Postcode | Email:  | Tel:  |

|  |  |
| --- | --- |
| 4 | Location of building to which this application relates |
| Address: |
|  |
|  |

|  |  |
| --- | --- |
| 5 | Proposed Work |
| Description: |
|  |

|  |  |
| --- | --- |
| 6 | Charges agreed with client  |
| Plan Fee: |  |
| Inspection fee: |  |
| Host Authority agreed administration fee to be invoiced by Inspecting Authority: |  |

|  |  |
| --- | --- |
| 7 | Declaration |
| We, the inspecting authority undertake to comply with the LABC Code of Conduct and the PAS Guidelines concerning the provision of building control services. |
| Name: | Signature: | Date: |