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

**Building Regulations 2010 (as amended).**

|  |  |
| --- | --- |
| 1. **Application Reference:** |  |
| 1. **Site Address:** |  |

1. Where a building is being erected, to which the Regulatory Reform (Fire Safety) Order 2005(a) applies or will apply after the completion of the work and that building (or any part of it) is to be occupied before completion, the person carrying out that work shall give the relevant authority a notice which complies with Regulation (5A) as set out below. This notice must be given at least 5 days before any building, or part of it, is occupied. Requirements of duty holders and their competence can be found in [Part 2A of the Building Regulations 2010 (as amended)](https://www.legislation.gov.uk/uksi/2010/2214/part/2A)

|  |  |
| --- | --- |
| An occupation inspection is required on |  |

or can be booked at <https://forms.southnorfolkandbroadland.gov.uk/pub/BCBookAnInspection.ofml> or by

|  |  |
| --- | --- |
| The building work referred to in our application for building control approval with full plans is due to be occupied. It will be occupied on |  |

**CLIENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name of the client | |  |
| Address of the client | |  |
| Telephone number of the client | |  |
| Email address of the client (if available) | |  |
| ***I confirm that to the best of my knowledge, regardless of the completion of the current building work, regulation 38 and Part B of Schedule 1 are currently complied with in relation to those parts of the building which are to be occupied before completion of the work.*** | | |
| Signature of client |  | |
| Date |  | |

**CONTRACTOR DETAILS**

|  |  |
| --- | --- |
| Name of principal contractor (or sole contractor) |  |
| Address of principal contractor (or sole contractor) |  |
| Telephone number of the principal contractor (or sole contractor) |  |
| Email address of the principal contractor (or sole contractor) |  |
| Date of appointment |  |

|  |  |
| --- | --- |
| ***I confirm that I have fulfilled my duties as a principal contractor (or sole contractor)***   1. ***under*** [Part 2A of the Building Regulations 2010 (as amended)](https://www.legislation.gov.uk/uksi/2010/2214/part/2A) | |
| Signature of principal contractor (or sole contractor) |  |
| Date |  |

**DESIGNER DETAILS**

|  |  |  |
| --- | --- | --- |
| Name of principal designer (or sole designer) | |  |
| Address of principal designer (or sole designer) | |  |
| Telephone number of the principal designer (or sole designer) | |  |
| Email address of the principal designer (or sole designer) | |  |
| Date of appointment | |  |
| ***I confirm that I have fulfilled my duties as a principal designer (or sole designer) under***  [Part 2A of the Building Regulations 2010 (as amended)](https://www.legislation.gov.uk/uksi/2010/2214/part/2A)***.*** | | |
| Signature of principal designer (or sole designer) |  | |
| Date |  | |

If more than one duty holder appointment is made, details and confirmation is required by

each principal contractor (or sole contractor) and each principal designer (or sole or lead designer)

appointed by the client. Add additional contacts and statements as required.

**Please email this form to** [**enquiries@cncbuildingcontrol.gov.uk**](mailto:enquiries@cncbuildingcontrol.gov.uk)