

Notice of Completion by a person carrying out building work

Building Regulations 2010 (as amended).

Please note all sections of this form must be completed. Forms cannot be accepted nor completion inspections be booked without all information being submitted

Application Number:	
Site Address:	
If applicable, please give plot numbers (Please note up to 10 plots per notice is acceptable)	

A person who is required by [Regulation 12](#) to give a building notice or an application for building control approval with full plans for carrying out building work shall, **not more than five days after that work has been completed**, give the local authority a notice which complies with [Regulation 16 paragraph \(4A\)](#) as set out below.

A completion inspection is requested (please give date inspection required)	
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Or you can book at <https://forms.southnorfolkandbroadland.gov.uk/pub/BCBookAnInspection.ofml>

This form must be submitted prior to a Completion Inspection being booked.

CLIENT DETAILS

The building work referred to in our Building Notice / Application of Building Control Approval with Full Plans/Reversion* is complete. ***Please delete application type as appropriate**

Name of the client	
Address of the client	
Telephone number of the client	
Email address of the client (if available)	
<i>I confirm that to the best of my knowledge the work complies with all applicable requirements of the building regulations.</i>	
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	
Date of appointment to the role	
<i>I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under Part 2A (duty holders and competence) of these Regulations</i>	
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 to the Role	
<i>I confirm that I have fulfilled my duties as a principal designer (or sole designer) under Part 2A (duty holders and competence) of these Regulations</i>	
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 ensure all Sections/fields are completed prior to emailing to enquiries@cncbuildingcontrol.gov.uk