



MOD & MOJ RBC Application Pack

|               |     |      |
|---------------|-----|------|
| Fee Quote Ref | BCO | Site |
|---------------|-----|------|

**[ ] I have read and agree the Terms and Conditions – please tick the box**

**Project Information Sheet**

**General Data Protection Regulations (GDPR)**

Any information you provide as part of your Building Control Application will be held securely on our electronic system. The only personal data we will hold is your name, address, telephone number(s) and email address. We will hold this information to communicate, only in connection with this application, with you (or your nominees, if any) and the relevant statutory bodies such as Local Authority, Fire Authority and Waste Water undertakers. We are required to keep this information for a period of at least 15 years after the completion on the work described in your application.

By submitting your application to us you agree to our holding the information as described above.

Please complete this form in full as instruction to RBC to carry out the Building Control function as a Corporate Approved Inspector as designated under the Building Act 1984 and the Building (Approved Inspectors etc.) Regulations 2010. The completed form and associated plans should be returned to:

Regional Building Control Ltd, M25 Business Centre, 121 Brooker Road, Waltham Abbey, Essex EN9 1JH

| Project Details   |                 |  |  |  |                        |  |
|---|-----------------|--|--|--|------------------------|--|
| Description of Work:  |                 |  |  |  |                        |  |
| Address of site:  |                 |  |  |  |                        |  |
| Anticipated start date & duration:  |                 |  |  |  |                        |  |
| Estimated Cost of the works:  | Approximately £ |  | RBC Fee Agreed £   |  | + VAT                  |  |
| Please tick appropriate box   | C1<br>(C01)     |  | C3<br>(C05)  |  | C1 & C3<br>(C01 & C05) |  |
| <b>Please ensure you attach the following:</b> <ul style="list-style-type: none"> <li>• Copy of Form 1 and confirmation that this has been sent to DIO</li> <li>• Purchase Order (if applicable)</li> <li>• Plans/Drawings</li> </ul> |                 |  | <b>PLEASE NOTE IF YOU ARE APPLYING FOR C1 (C01) ONLY, AN ADDITIONAL APPLICATION WILL NEED TO BE MADE FOR C3 (C05) ELEMENT OF THE PROJECT. PLEASE ENSURE YOU INCLUDE THIS IN YOUR TENDER DOCUMENT</b> |  |                        |  |



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| Client Details   |  |
|------------------|--|
| Name:            |  |
| Address:         |  |
| Contact details: |  |
| Email:           |  |

| Agent's Details   |  |
|---|--|
| Name:   |  |
| Address:  |  |
| Contact details   |  |
| Email:  |  |
| Contractor's Details (where known)                                    |  |
| Name:   |  |
| Address:  |  |
| Mobile number / Email:  |  |
| Correspondence  |  |
| To be sent to:  |  |
| Copies to:  |  |
| Correspondence by:    Email:    YES / NO                              |  |
| Invoice   | <p>For projects requiring a C1 (or CO1 for MOJ) Certificate, the invoice will be issued once the Plan Check has been carried out</p> <p>For projects requiring a C3 (or CO5 for MOJ) Certificate, the invoice will be issued once the first Site Inspection has been carried out</p> |
| Please indicate to whom the Building Control fees should be invoiced: | Name:  |
|   | Address:   |



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|                                     |   |          |
|-------------------------------------|---|----------|
|                                     |   |          |
|                                     | Email Address:  |          |
|                                     | Telephone Number:   |          |
| Planning Conditions                 | FOR NEW DWELLINGS: Are the following planning conditions relevant |          |
| Part G - Water usage                | Requirement to limit water use to 110 litres per person           | YES / NO |
| Part M4(2) - Accessible & Adaptable | Requirement for Accessible / Adaptable dwellings                  | YES / NO |
| Part M4(3) - Wheelchair Accessible  | Requirement for Wheelchair Accessible dwellings                   | YES / NO |
|                                     | Are Wheelchair Accessible dwelling required at completion YES/NO  |          |
| Signature                           | Print Name  | Date     |

**Should you require any help or advice completing this form please contact us on  
01992 653900**