

BUILDING CONTROL SERVICE

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If you need further advice please contact the Building Control office.

Owners details Name: (Mr/Mrs/Miss)		tiol	Sumama	
Address:		tial:	Surname:	
Pos	stcode:	Tel:		Email:
Agents details (if	applicable)			
Name				
Address:				
Pos	stcode:	Tel:		Email:
Window Installer Name	s details			
Address:				
Pos	stcode:	Tel:		Email:
Location of build Address: Pos Proposed work	stcode:	work relates		
Number of Windows:				
Number of Doors:				
Please tick for Main c	ontact: Applican	t Agent	Installer	
Fees: Window In	stallation wit	hin a Single I	Dwelling.	
Fee: £ plus	/AT: £	Total due Inclus	sive of VAT:	£
Statement This application is giv	en in relation to	the window and d	loor installatior	n work as described.
Name:	Sign	ature:		Date: