

Building Control Window Replacement Application

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Building Control Service



Please read the guidance notes to assist in completing this form

1. Applicant details (see note 1)

Name: _____
*Email: _____
Telephone: _____

Address: _____

2. Agent details (if applicable, see note 2)

Name: _____
*Email: _____
Telephone: _____

Address: _____

3. Window installer details (if applicable)

Name: _____
*Email: _____
Telephone: _____

Address: _____

3. Location/address of building/site to which work relates

4. Use of the building/s (residential, commercial, vacant flat etc.)

What is the **current** and **proposed** building/extension use?

5. Fees: Proposed Work (see note 8)

- Number of Windows: _____
- Number of Doors: _____

1. Confirm who is to be invoiced for the fee: Applicant Agent or Installer

Note: Cancellation will incur a minimum fee of £35.00 for administration and officer time.

Statement (see note 9): This notice, given in relation to the building work as described, is submitted in accordance with Regulation 12(2)

Name: _____

Signature: _____ Date: _____



Thanet District Council, PO Box 9
Cecil Street, Margate
Kent, CT9 1XZ



Certificate Number 1122
ISO 9001