APPLICATION FOR CONFIRMATION OF EXEMPT CLASS OFWORKS

APPLICANT	AGENT (if applicable)
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email*:	Email*:
* It is our policy to conduct correspondence by electr	onic means where possible. If you do provide your
Email address we will assume you agree to being of	contacted electronically.
Owner of Property (Name and Address, if different	ent from applicant):

Address of Property (to which application relates):

I/We* apply for a confirmation of exempt class of works and declare -

- 1. that the work will be carried out in accordance with the building regulations which enables the work(s) as detailed to be exempt from the requirement of a Building Warrant, and
- 2. I am/we* are the owner(s) of the building **OR** the owner of the building is aware of this proposal.

Signed	Date//
[applicant/ agent*]	

* Delete as appropriate

Your completed application form should be sent to the area office closest to the location of your project (see details below)

For further information and advice please contact your local Building Standards Surveyor at the relevant area office or phone our Customer Service Centre on 01546 605518

Bute & Cowal Argyll House, Alexandra Parade, Dunoon.

PA23 8AJ

buildingstandards.bandc@argyll-bute.gov.uk

Oban, Lorn & the Isles Municipal Buildings, Albany Street, Oban PA34 4AW pp 33 ≽163 T