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| **Application to carry out an alteration** | |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

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| **Alteration details** | |
| Describe the work you want to carry out |  |
| Will the work require planning permission or building warrant?  *Leave blank if permissions are not required.* | Planning Permission required but not obtained  Planning Permission already obtained  Building warrant required but not obtained  Building warrant already obtained |
| Will the work require alteration to the existing electric, gas or water installations? | Alteration to existing gas installation required  Alteration to existing electric installation required  Alteration to existing water installation required |
| Who will be carrying out the work?  *If you have not chosen a contractor yet, tell us whether you plan to employ a contractor or do the work yourself.* |  |
| What is the estimated cost of the work? |  |
| Are you obtaining any grant funding towards the work? If so, how much do you expect to receive? |  |
| When do you plan to start the work? |  |

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| UNDERTAKING  I agree that if my request for an alteration is approved I will ensure that work is carried out to:   * All current national standards and codes of practices * Any other standards and to the quality that Langstane Housing Association requires   I agree that before work starts I will obtain and exhibit to Langstane Housing Association any Planning Consent and/or Building Warrant required and that I will provide copies of all building / gas / electrical safety certification upon completion of the work.  I will ensure that start and completion dates are provided to Langstane Housing Association to allow for any necessary inspections to be carried out.  I agree to carry out work within any time limits set by Langstane Housing Association.  I understand that if work is not carried out to the necessary standard and remedial work is required, this will be at my expense. If Langstane Housing Association has to carry out remedial work on my behalf I understand that this will be recharged to me.  I understand that if the works involve laying laminate or wood flooring, or any other type of flooring which may prevent access to underfloor cables or pipes, that if access is required to these cables or pipes then any such flooring may need to be taken up. Responsibility for reinstating such flooring rests with me and not with Langstane Housing Association.  I accept that at the end of my tenancy Langstane Housing Association may require me to reinstate the property to its original condition, and I agree to do so at my own expense. | |
| Tenant signature  *(Joint tenancies – both tenancies must sign)* |  |
| Date |  |
| Approved on behalf of Langstane - Signature |  |
| Date |  |

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| **FOR OFFICE USE ONLY** | | | |
| Date received |  | Reference No |  |
| Entered onto QL date |  | Allocated to officer |  |
| Acknowledgement due (5 days) |  | Response due (28 days |  |
| Asbestos register check | No Asbestos risk  Asbestos risk | | |
| Property info check | No conflicts  Conflicts | | |
| Qualifying improvement? | Yes  No | | |
| Outcome | Approved  Refused | | |
| Outcome reason |  | | |
| Post-inspection | Satisfactory  Remedial work  Cancelled | | |