



**Building Control**  
**Thriving Place and Investment**  
**Civic Centre, Carlisle, Cumbria, CA3 8QG**  
**Telephone: 01228 817184 Fax: 01228 817115**  
**Email: bc@cumberland.gov.uk**  
**BT Typetalk: 18001 (01228) 817184**

**Information required by a person applying for a Regularisation Certificate for building work to be provided as far as is reasonably practicable (England)**

Building Regulations 2010 (as amended)

Where a local authority receives an application in accordance [Regulation 18](#), they may require the applicant to take such reasonable steps as the authority think appropriate to ascertain what work, if any, is required to secure that the relevant requirements are met.



Name of the client .....

Address of the client .....

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Telephone number of the client .....

Email address of the client (if available) .....

***I confirm that to the best of my knowledge the work complies with all applicable requirements of the building regulations.***

Signature of client .....

Date .....



Name of principal contractor (or sole contractor) .....

Address of principal contractor (or sole contractor) .....

.....

Telephone number of the principal contractor (or sole contractor) .....

Email address of the principal contractor (or sole contractor) .....

Date of appointment .....

***I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under [Part 2A](#) (dutyholders and competence) of these Regulations.***

Signature of principal contractor (or sole contractor) .....

Date .....

\*\*Name of principal contractor (or sole contractor) .....  
Address of principal contractor (or sole contractor) .....  
.....  
Telephone number of the principal contractor (or sole contractor) .....  
Email address of the principal contractor (or sole contractor) (if available) .....  
Date of appointment .....

***I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under Part 2A (dutyholders and competence) of these Regulations***

Signature of principal contractor (or sole contractor) .....  
Date .....



Name of principal designer (or sole designer) .....  
Address of principal designer (or sole designer) .....  
.....  
Telephone number of the principal designer (or sole designer) .....  
Email address of the principal designer (or sole designer) .....  
Date of appointment .....

***I confirm that I have fulfilled my duties as a principal designer (or sole designer) under Part 2A (dutyholders and competence) of these Regulations***

Signature of principal designer (or sole designer) .....  
Date .....



\*\*Name of principal designer (or sole designer) .....  
Address of principal designer (or sole designer) .....  
.....  
Telephone number of the principal designer (or sole designer) .....  
Email address of the principal designer (or sole designer) .....  
Date of appointment .....

***I confirm that I have fulfilled my duties as a principal designer (or sole designer) under Part 2A (dutyholders and competence) of these Regulations***

Signature of principal designer (or sole designer) .....  
Date .....

\*\*If more than one duty holder appointment is made, details and confirmation is required by each principal contractor (or sole contractor) and each principal designer (or sole or lead designer) appointed by the client. Add additional contacts and statements as required.



Fees

Total Estimated Cost of works £ .....

Floor Area .....

Total Fee £ .....

***Payment can be made by calling 01228 817184 using a debit or credit card, sending a cheque, or by visiting our Customer Contact Centre where payment can be made using a debit/credit card or a cheque.***