



Building Control
Thriving Place and Investment
Civic Centre Carlisle Cumbria CA3 8QG
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BT Typetalk 18001 (01228) 817184

Notice of Completion by a person carrying out building work (England)

Building Regulations 2010 (as amended)

A person who is required by [Regulation 12](#) to give a building notice or an application for building control approval with full plans for carrying out building work shall, not more than five days after that work has been completed, give the local authority a notice which complies with [Regulation 16 paragraph \(4A\)](#) as set out below. Requirements of duty holders and their competence can be found in [Part 2A of the Building Regulations 2010 \(as amended\)](#).

Location of the building work

Building Regulation Application Number

The building work referred to in our building notice / application of building control approval with full plans* is complete (notice/application form attached to this notice). *delete as appropriate.

Name of the client

Address of the client

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 (duty holders 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)

Date of appointment

I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under Part 2A (duty holders 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 (duty holders 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 (duty holders 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.**