

REVERSION SUBMISSION

The Building Act 1984, The Building Safety Act 2022 and The Building Regulations 2010 (as amended)

If you need any help with preparing your application, please read the notes with this form or contact the Building Control Office at Solihull

Building Control
Economy and Infrastructure Directorate
Planning, Design and Engagement Services
Council House
Manor Square
Solihull
B91 3QB
Tel: 0121-704 8008

Email: buildingcontrol@solihull.gov.uk

Please type or use block capitals



Building Regulation Application No

(Office use only)

<p>1. Applicant's details to be completed in Full (see note 1)</p> <p>Name :</p> <p>Address:</p> <p>.....</p> <p>Post code: Tel:</p> <p>E-mail:</p> <p>I confirm that to the best of my knowledge the work complies with all applicable requirements of the Building Regulations:</p> <p>Signature of client:</p> <p>Date:</p>	<p>2. Agent's details – practice details (if applicable)</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Post code: Tel:</p> <p>E-mail:</p> <p>Date of appointment:</p> <p>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:</p> <p>Signature of principal or sole designer:</p> <p>Date:</p>
<p>3. Client's (Building owner) details to be completed in Full (If the client is not the applicant)</p> <p>Name :</p> <p>Address:</p> <p>.....</p> <p>Post code: Tel:</p> <p>E-mail:</p> <p>I confirm that to the best of my knowledge the work complies with all applicable requirements of the Building Regulations:</p> <p>Signature of client:</p> <p>Date:</p>	<p>4. Principal Designer's (or Sole or Lead Designer) details if different from Agent details in 2 above (This should be a named individual)</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Post code: Tel:</p> <p>E-mail:</p> <p>Date of appointment:</p> <p>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:</p> <p>Signature of principal or sole designer:</p> <p>Date:</p>

<p>5. Principal Contractor# (or Sole or Lead Contractor) (This should be a named individual) if known at the time of submission. Note: this information must be provided prior to a completion certificate being issued.</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Post code: Tel:</p> <p>E-mail:</p> <p>Date of appointment:.....</p> <p>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:</p> <p>Signature of principal or sole contractor if available:.....</p> <p>....</p> <p>Date:.....</p>	<p>6. Address/Location of building to which work relates</p>
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<p>7. Description of works:</p>
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<p>8. Additional Information:</p>	
<p>No of storeys in the building:</p>	
<p>Date the works were commenced and subsequently carried out:</p>	
<p>State present use of Building</p>	

<p>9. Exemption from charges declaration</p> <p>Exemption from charges is only applicable where the work connected to an existing building and is of direct benefit to a person(s) with the disability. (Please complete section below. NB: The building work proposed must have a clear link to the person's condition, e.g. a downstairs wet room for a person with limited mobility)</p> <p>Name of person(s) with the disability (if different from overleaf) *</p> <p>..... (Please continue on a separate sheet).</p> <p>How will the work be of direct benefit to the individual(s) concerned?*</p> <p>..... (Please continue on a separate sheet).</p> <p>Section A – please identify the element of work that is being undertaken under the exemption criteria above</p> <p>A. extension (or conversion of an existing room) to form a downstairs wet room or bedroom. <input type="checkbox"/> YES</p> <p>B. installation of a through floor or stair lift facility. <input type="checkbox"/> YES</p> <p>C. extension (or conversion of an existing room) to form a facility for the sole purpose of storing medical equipment in support of medical condition <input type="checkbox"/> YES</p> <p>I confirm that the above information is correct and wish to claim exemption from the building regulation charges. Where the work involves an extension, please ensure that the relevant section on page 4 is completed.</p>
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Please note that this is not a planning application. If planning permission is required for the proposed work, a separate application must be made. Information on the need for planning permission can be found on the Council's web site at www.solihull.gov.uk/planning. Alternatively, please call our Contact Centre on telephone No 0121 704 8008.

<p>10. Domestic electrical work (to be completed for all domestic applications that include electrical work)</p> <p>Was the electrical installation work carried out by a competent electrician who was registered with a Part P (Electrical Safety) Competent Persons Scheme at the time the work was done (see overleaf for details)? If the answer to this question is no, then that work should be included as part of this application and the appropriate fee paid.</p>	<input type="checkbox"/> YES
<p>11. Reversion fee: £</p> <p>12. Statement This notice is given in relation to building work described above and is in accordance with Regulation 19 of the Approved Inspectors Regulations and Section 48(2)(d) of the Building Act 1984. It is accompanied by the appropriate fee as confirmed in accordance with the given signature below:</p>	
<p>Signature of applicant (where the applicant is not the client) OR:</p> <p>Signature of Client (where the client is not the applicant):</p> <p>Date of relevant signature:</p>	
<p>12. EXEMPTION FROM BUILDING REGULATIONS CHARGES</p> <p>Exemption from charges is only applicable where the work connected to an existing building and is of direct benefit to a person(s) with the disability. (Please complete section below. NB: The building work proposed must have a clear link to the person's condition, e.g. a downstairs wet room for a person with limited mobility)</p> <p>Name of person(s) with the disability (if different from overleaf) *</p> <p>..... (Please continue on a separate sheet).</p> <p>How will the work be of direct benefit to the individual(s) concerned?*</p> <p>.....</p> <p>..... (Please continue on a separate sheet).</p>	
<p>Section A – please identify the element of work that is being undertaken under the exemption criteria above</p> <p>A. extension (or conversion of an existing room) to form a downstairs wet room or bedroom. <input type="checkbox"/></p> <p>B. installation of a through floor or stair lift facility. <input type="checkbox"/></p> <p>C. extension (or conversion of an existing room) to form a facility for the sole purpose of storing medical equipment in support of medical condition <input type="checkbox"/></p> <p>I confirm that the above information is correct and wish to claim exemption from the building regulation charges. Where the work involves an extension, please ensure that the relevant section on page 4 is completed.</p>	
<p>Name:</p>	

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Notes relating to domestic electrical work

The Council require that you provide certification of the satisfactory testing and inspection of electrical installation work not carried out by a person registered with a Part P (Electrical Safety) Competent Persons Scheme. If anyone other than a Part P registered electrician undertakes the electrical work, then an additional fee is payable to the Council to cover the cost of checking the electrical installation work.

Any electrical installation carried out by someone who is not registered with a Competent Persons Scheme (NICEIC or ECA) may have to be tested and inspected by the Council. For very minor work, we may accept evidence of the qualification and experience as proof of competence of the person to safely undertake the work

(THIS MUST BE COMPLETED IN FULL) INSPECTION FEE INVOICE TO BE DIRECTED TO:

Title: Mr/Mrs/Miss/Other..... Forename:Surname:

Address:

THERE WILL BE AN ADMINISTRATION CHARGE FOR ANY RE-DIRECTION OF INVOICES IN ACCORDANCE WITH THE COUNCILS PUBLISHED SCALE OF FEES

Payment

Credit/Debit card payments can be made over the telephone (0121 704 8008). Cheques should be made payable to SMBC and crossed A/C payee. You can make payment (including cash) at any of the following Solihull Connect Walk-in Centers:

- Solihull Connect, Ground Floor, Library Square, Solihull, West Midlands, B91 3RG
- Solihull Connect at The Bluebell Centre, Ground Floor West Mall, Chelmsley Wood, Solihull , B37 5TN

Invoicing of fees against a purchase order can be arranged by agreement. Solihull MBC may agree to payment by instalment in respect of all building work where the total charge exceeds £500.

Important notes

This form must be accompanied by a plan of the unauthorised work and a plan showing any additional work required to be carried out to meet building regulation requirements applicable to the work when it was carried out .

The Council may require the applicant to lay open elements of the work for inspection, make tests and take samples, as the authority think appropriate to ascertain what work, if any, is required comply with the relevant requirements of the regulations. Confirmation of these matters will be provided in writing upon request to the applicant, subsequent to the first completed visit.

Solihull MBC shall notify the applicant

- a) of the work which in their opinion is required to comply with the relevant requirements, or
- b) that they cannot determine what work is required to comply with the relevant requirements, or
- c) that no work is required to secure compliance with the relevant requirements

Where the Council is satisfied, after taking all reasonable steps for that purpose that the relevant building standards have been met It will issue a Reversion Certificate. A reversion certificate shall be evidence (but not conclusive evidence) that the relevant requirements specified in the certificate have been complied with.

Note 1 The client must always be the owner of the building, whilst an applicant can be a person acting on behalf of the building owner, with the building owners express consent. Where submitting an application on behalf of the owner you should fill out the applicant details box and the building owner should complete the client details.

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