

## MANOR ESTATES HOUSING ASSOCIATION

## ALTERATIONS/IMPROVEMENTS APPLICATION FORM

1. Address of Property to be Altered/Improved

2. Full names of Tenants(s) or Owner (s)

## 3. When do you want to start work?

In order to ensure this application is promptly dealt with please give the fullest of details See note below as a general guide.

| Notes: |                   |   |
|--------|-------------------|---|
| 1.     | Outbuildings -    | include plans and give size and details of materials to be used in  |
| 2.     | Conversions -     | the construction.<br>include plans, give accommodation both prior to and after<br>conversion. Give details of materials to be used.                               |
| 3.     | Central Heating - |   |
| 4.     | Others -          | include plans and give details of manufacture and type of all components and number and position of radiators include plans and give as full details as possible. |
|        |                   |   |

4. Details of Alteration (Use space below to provide further details or draw plan if necessary)

**5.** If your alterations will involve changing or taking out existing fittings please give a brief description of these fittings

6. When Building Warrant is obtained (and planning permission where necessary) enclose a service copy, together with a copy of approved plans, with this application.

7. Tenant (s) or Owner(s) Signature

| Date |
|------|
|------|

Signature & FOR OFFICE USE ONLY Designation

| Date Received                      |         |          |  |  |
|------------------------------------|---------|----------|--|--|
| Date acknowledged                  |         |          |  |  |
| PRE INSTALLATION                   |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
| 1. Is inspection required?         | YES     | NO       |  |  |
| <b>2.</b> If yes by whom? TECH     | HOUSING |          |  |  |
| 3. Date requested                  |         |          |  |  |
| 4. Date inspected                  |         | <u> </u> |  |  |
| <b>5.</b> Approval recommended YES | NO      |          |  |  |
| 6. Further comment                 |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
|                                    |         |          |  |  |
| 7. Recommendation approved         | YES     | NO       |  |  |
| 8. Tenant/Owner advised            |         |          |  |  |
| POST INSTALLATION                  |         |          |  |  |
|                                    |         |          |  |  |

| 9. Work was completed on |                                    |     |    |  |
|--------------------------|------------------------------------|-----|----|--|
| 10.                      | Is work to a satisfactory standard | YES | NO |  |
| 11.                      | Comments                           |     |    |  |
| 12.                      | Is alteration reimbursable         | YES | NO |  |
| 13.                      | Receipts have been examined and    | YES | NO |  |

recorded