

LEASEHOLDERS' APPLICATION TO ALTER YOUR HOME

PLEASE COMPLETE ALL PARTS OF THIS FORM AND RETURN IT TO: Weald Living, Saxon Weald House, 38-42 Worthing Road, Horsham RH12 1DT or email a copy to info@wealdliving.com.

NAME:	1			
EMAIL	:			
PHONE	E NUMBER:			
ADDRE	ESS:			
POSTC	CODE:			
WHAT	FLOOR DO YOU LIVE ON? ((GROUND, 1ST, 2ND ETC.)		
\^/!!^ \	TYPE OF ALTERATION ARE	VOLL CONCIDEDING (DI FACE TICK	() .	
WHAT TYPE OF ALTERATION ARE YOU CONSIDERING (PLEASE TICK):				
K	itchen	Doors / windows	Satellite dishes/aerials	
В	athroom	Gas	alsiles, acriais	
М	linor works	Electrical	Other	

OUTLINE THE PROPOSED ALTERATIONS/IMPROVEMENTS TO YOUR HOME:

LIST DETAILS OF ALL THE PROPOSED CONTRACTORS, CONSULTANTS, ARCHITECTS AND TRADESPEOPLE:

	(PROFESSIONAL REGISTRATION NUMBER)	CONTACT DETAILS		
LEASE ENSURE YOU INCL	UDE THE FOLLOWING WITH	YOUR APPLICATION:		
Full specification of the proposed works				
Documentation, including plans and photo/drawings in support of this application.				
Building control completion / approval letter.				
District council planning permission.				
Provide evidence that the work will be carried out by a competent person in a professional manner and the contractor is registered with a registered trade of professional body e.g. Gas Safe, ELECSA, or FENSA etc. as appropriate.				
ALL LEASEHOLDERS MUST MADE:	SIGN THIS FORM BEFORE A	N APPLICATION CAN BE		
RINT NAME:	SIGNATURE:	DATE:		