

**FOR OFFICIAL USE ONLY**

Approved/Refused: .....

Conditions (if any): .....

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**COUNCIL DWELLINGS**  
**APPLICATION TO CARRY OUT INTERNAL\*/EXTERNAL\***  
**ALTERATIONS TO A COUNCIL DWELLING**  
**(\*Delete as appropriate)**

Name of Tenant(s): .....

(Block Letters) .....

Address: .....

.....

Home Tel No:..... Works or Daytime Tel No: .....

Agents Name & Address:.....

(if applicable) .....

.....

Give a brief description of the works you wish to undertake:

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.....

.....

Name of contractor proposing to carry out works:

.....

Address: .....

.....

Tel No:.....

INDICATE DATES AND TIMES WHEN A SITE INSPECTION MAY BE CARRIED OUT:

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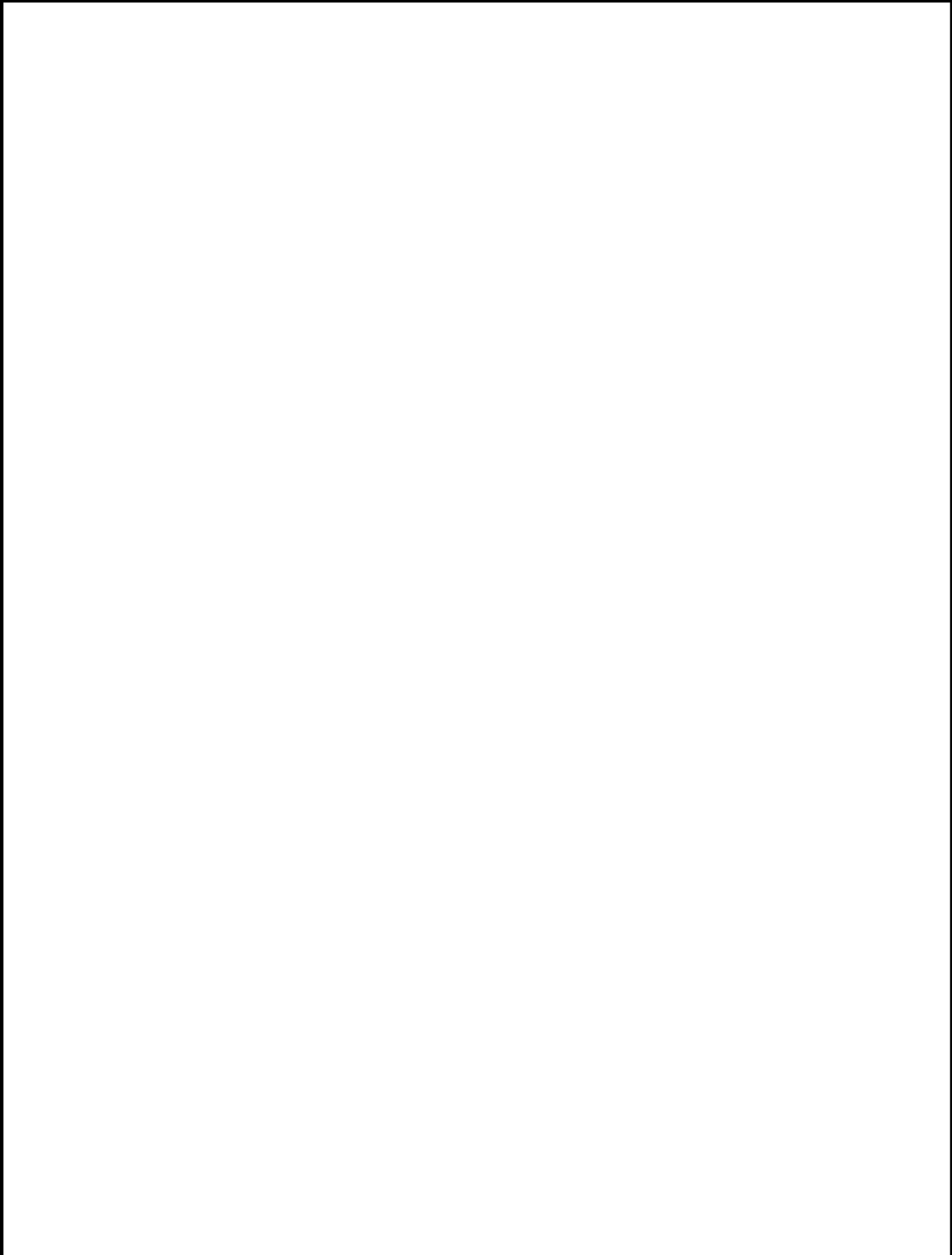
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**SITE PLAN:** Scale 1.50 to be drawn in ink

Internal Alterations: Show Proposed and Existing Layout

External Alterations: Show Distances from other Buildings and Boundaries, indicate whether to Front or Rear of the Dwelling.



**CONDITIONS OF APPROVAL OF PROPOSED WORKS:**

You are advised that Building Regulation Approval and/or Planning Permission may be required in respect of the proposed works and approval by Poole Housing Partnership would only be considered subject to you gaining these consents before the commencement of any works. If in doubt, DO NOT start any works until you have confirmed the position with the relevant Department.

**DECLARATION**

In carrying out this work I/We agree to the following Conditions:

1. There will be no cost whatsoever to the Poole Housing Partnership arising from the works or subsequent maintenance there to.
2. The tenant(s) hereby indemnifies Poole Housing Partnership against Personal or Public Injury or damage caused whilst work proceeds.
3. The works shall comply with CURRENT Building Regulations and any other Statutory Regulations that shall apply. All materials to comply with relevant British Standards and Codes of Practice governing work procedures.
4. If the Tenancy is terminated for any reason whatsoever, the works will become the property of the Council, or alternatively they shall be removed and the property reinstated to its original condition to the satisfaction of the Poole Housing Partnership.
5. The Tenant hereby agree that the whole cost of the works have been met or in the event of death, will be met by the Tenant's estate or its Insurers.

TENANT'S SIGNATURE:..... (Mr\*/Mrs\*/Miss)

DATED: .....

JOINT TENANTS SIGNATURE:..... (\*Mr\*/Mrs/Miss)

DATED: .....

**FOR OFFICE USE ONLY - POOLE HOUSING PARTNERSHIP**

Passed to Technical Officer on:.....

Inspected/Authorised on: .....

Works satisfactorily completed: .....

Words 'G' Aided YES ..... NO .....

Passed for PMT:..... Date:.....

Signature of Officer: .....