Notice of change of

yholder

The Building Act 1984, The Building Regulations 2010, The Building (Local Authority Charges) Regulations 2010, Building Regulations 2010 (as amended)

Use this form to advise us of any changes in dutyholders. This information must be advised within 14 days of their appointment. Requirements of dutyholders and their competence can be found in Part 2A of the Building Regulations 2010 (as amended).

Please complete the details relating to the dutyholder that you are changing.

Change in Client

Change in Client			
Location			
Project			
Building Control Reference	e Number if known		
Existing Client details			
Name			
Address			
Email			
Telephone			
Date they ceased to be CI	ient		
I confirm that I have cease the above project.	d to be Client in	Signature	
New Client details			
Name			
Address			
Email			
Telephone			
Date they became the clie	ent		
I confirm that I am the new project and understand m		Signature	



under Part 2A of these Regulations.



Dover District Council, White Cliffs Business Park, Dover, Kent. CT16 3PJ.

Contact Number: 01304 872495

E-mail: Building.control@dover.gov.uk

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Change i	ın Pr	incipal	Desi	aner
		o.pa.		9

Change in Princi	pai Designer	
Location		
Project		
Building Control Referen	ce Number if known	
Existing Principal Desig	ner details	
Name		
Address		
Email		
Telephone		
End date of appointmen	t	
I confirm that I am no lon	ger the Principal Desi	gner for this project.
Signature		
New Principal Designer	details	
Name		
Address		
Email		
Telephone		
Date of appointment:		
I confirm that I am the ne responsibilities under Par Signature		for the above project and understand my ons.
I confirm that I am the cli	ent and authorise the	above changes to dutyholders.
I am satisfied that all releathem to fulfil their duties.		peen passed to the new dutyholder to enable
Signature		Date





Change	Duine		Comi	Lusa	
Change	Princi	pai	Com	trac	COL

Change in Princi	pai Contracto	•
Location		
Project		
Building Control Reference	e Number if known	
Existing Principal Contra	ctor details	
Name		
Address		
Email		
Telephone		
End date of appointment		
I confirm that I am no long	ger the Principal Cont	ractor for this project.
Signature		
New Principal Contracto	r details	
Name		
Address		
Email		
Telephone		
Date of appointment:		
I confirm that I am the new responsibilities under Part		r for the above project and understand my ons.
Signature		
I confirm that I am the clie	ent and authorise the	above changes to dutyholders.
I am satisfied that all relev them to fulfil their duties.	ant information has k	peen passed to the new dutyholder to enable
Signature		Date



