



The Whiteinch Centre  
1 Northinch Court  
Glasgow, G14 0UG  
Tel:0141 959 2552

## APPLICATION TO CARRY OUT ALTERATIONS/ ADDITIONS OR IMPROVEMENTS

The applicant(s) should complete this side of the form and return it to the  
Repairs Section

1.	Name of Applicant(s): -----	
2.	Address: ----- Flat Pos:-----	
3.	Telephone ----- Home: Same number	
4.	<p>Full details of proposed alterations/additions or improvements</p> <p>(Please provide plans, specification of materials to be used, model types, copies of manufacturers installation instructions, estimates, etc., where relevant)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	
5.	<p>Is Planning Permission or Building Warrant required for the work? (Please tick one box)</p> <p style="text-align: center;">YES                      NO</p> <p>If "YES", this application will not be progressed until the Association has had sight of the appropriate approval(s).</p>	
6.	Signature of Applicant(s):	<p>_____</p> <p>_____</p>
7.	Date Application Submitted:	<p>_____</p>

OFFICE USE ONLY					
1.0	<b>PRE INSTALLATION</b>				
1.1	Is a prior inspection necessary?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
1.2	If YES, result of prior inspection (with date): _____ _____				
1.3	Can work proceed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
1.4	Applicant informed in writing:	Date: _____			
1.5	Applicant's Notification of Intention received:	Date: _____			
1.6	Is work proceeding?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
1.7	Date for commencement of works:	Date: _____			
<b>REPAIR OFFICER'S SIGNATURE:</b>		_____	Date: _____		
2.0	<b>INSTALLATION AND AFTER</b>				
2.1	Is inspection during works necessary?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2.2	If YES, results of inspection (with date): _____ _____				
2.3	Completion Date:	Projected: _____	Actual: _____		
2.4	Results of post-installation inspection (with date): _____ _____				
<b>REPAIR OFFICER'S SIGNATURE:</b>		_____	Date: _____		