

# NOTIFICATION TO CARRY OUT REPLACEMENT GLAZING



Please complete the form in **BLOCK LETTERS**

## 1. Address of proposed work

.....  
.....Post Code: .....

## 2. Applicant's Name and Address

.....  
.....  
Post Code: ..... Tel. No: ..... Email address .....

## 3. Installers Name and Address

.....  
.....  
Post Code: ..... Tel. No: ..... Email address .....

## 4. Additional information

Number of windows, ½ glazed doors or roof lights to be replaced

Details of glazing system ..... U-value

Is this a listed building? Yes  No  If yes what is the planning ref .....

Commencement date (if known) .....

## 5. Charges Enclosed

Building Regulation fee (payment enclosed)  £  
Cheques should be payable to North Devon Council

NMD Building Control  
Woodlands Enterprise Centre  
Pathfields Business Park  
South Molton  
Devon  
EX36 3BY

Signed: .....  
(Applicant/Agent – delete as appropriate)

Date: .....

Tel: (01884) 234345 / 234974  
E-Mail: mail@nmdbuildingcontrol.co.uk

## 6. Data Protection

The information you have provided will be processed in accordance with the Data Protection Act 1998

Issued: 01/04/2017