



## Notice of Completion by a person carrying out building work

THE BUILDING ACT 1984  
BUILDING SAFETY ACT 2022  
THE BUILDING REGULATIONS 2010



Gloucestershire Building Control Partnership

**This Notice must be completed by the Client, Designer and Contractor on all applications. Failure to fully complete the notice and submit to building control will result in the completion certificate not being issued.**

A person who is required by [Regulation 12](#) to give a building notice or an application for building control approval with full plans for carrying out building work shall, not more than five days after that work has been completed, give the local authority a notice which complies with [Regulation 16 paragraph \(4A\)](#) as set out below. Requirements of dutyholders and their competence can be found in [Part 2A of the Building Regulations 2010 \(as amended\)](#).

Location of the building work .....

Building Regulation Application Reference .....

The building work referred to in our building notice / application of building control approval with full plans\* is complete. \*delete as appropriate.

Name of the client .....

Address of the client .....

Telephone number of the client .....

Email address of the client (if available).....

***I confirm that to the best of my knowledge the work complies with all applicable requirements of the building regulations.***

Signature of client .....

Date .....

**\*\*Name of principal contractor (or sole contractor)** .....

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Address of principal contractor (or sole contractor) .....

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Telephone number of the principal contractor (or sole contractor) .....

Email address of the principal contractor (or sole contractor) .....

Date of appointment .....

***I confirm that I have fulfilled my duties as a principal contractor (or sole contractor) under [Part 2A \(dutyholders and competence\) of these Regulations.](#)***

Signature of principal contractor (or sole contractor) .....

Date .....

**\*\*Name of principal designer (or sole designer)** .....

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Address of principal designer (or sole designer) .....

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Telephone number of the principal designer (or sole designer) .....

Email address of the principal designer (or sole designer) .....

Date of appointment .....

***I confirm that I have fulfilled my duties as a principal designer (or sole designer) under [Part 2A \(dutyholders and competence\) of these Regulations.](#)***

Signature of principal designer (or sole designer) ..... Date .....

**\*\*If more than one dutyholder appointment is made, details and confirmation is required by each principal contractor (or sole contractor) and each principal designer (or sole or lead designer) appointed by the client. Add additional contacts and statements as required.**

**For further advice on Building Regulation matters please email: [building.control@stroud.gov.uk](mailto:building.control@stroud.gov.uk)**