

## ALTERATIONS/IMPROVEMENTS APPLICATION FORM

1. Address of Property to be Altered/  
Improved .....  
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2. Please give full Name(s) of Tenant(s)  
And contact telephone number .....  
.....  
.....  
.....
  
3. When do you want to start the work? .....

In order to ensure that this application is promptly dealt with please give the fullest of details. See notes below as a general guide.

- Notes:
1. Outbuildings - Include plans, and give size and details of materials used in construction.
  
  2. Conversions - HHA 2000 will not allow conversions to tenanted property unless as part of a medical adaptation carried out by the Association or the Social Work Department.
  
  3. Central Heating - Include plans, give name of manufacturer, number and position of radiators and contractor details.
  
  4. Others - Include plans, give as full details as possible.

4. Proposed Alteration/Improvement (Please tick as appropriate):

- |                   |             |                          |                 |                          |
|-------------------|-------------|--------------------------|-----------------|--------------------------|
| 1. Room affected: | Kitchen     | <input type="checkbox"/> | Bedroom 1       | <input type="checkbox"/> |
|                   | Bathroom    | <input type="checkbox"/> | Bedroom 2       | <input type="checkbox"/> |
|                   | Living Room | <input type="checkbox"/> | Bedroom 3       | <input type="checkbox"/> |
|                   | Hall        | <input type="checkbox"/> | Bedroom 4       | <input type="checkbox"/> |
| 2. Trade:         | Electrician | <input type="checkbox"/> | Other (specify) |                          |
|                   | Joiner      | <input type="checkbox"/> | .....           |                          |
|                   | Plumber     | <input type="checkbox"/> | .....           |                          |
|                   | Builder     | <input type="checkbox"/> | .....           |                          |

Description of work (include plans, specifications, estimates etc.)

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5. If your alteration will involve changing or taking out existing fittings please give a brief description of these fittings.

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It is your responsibility to contact the Building Control Officer and the Planning Department to check and see if a Building Warrant and Planning Consent are required. The Planning and Building Control Departments are based at Broomhill Depot, Kilsyth Road, Kirkintilloch, telephone number 0300 1234510. Should planning consent be required, this must be obtained prior to commencement of any alteration and the agreed consent form produced at the Association's office to the Property Services team for verification and checking.

If you wish to install a car runway or a new access, you should contact Roads Services, East Dunbartonshire Council Headquarters, Southbank Marina, 12 Strathkelvin Place, Kirkintilloch G66 1TJ on telephone number 0300 1234510 to seek written permission for the installation of a dropped kerb.

**You should not commence any work until you have written consent**

You must also obtain written permission from adjoining neighbours for any alterations which might have an effect on adjoining properties (Written consents from your neighbours must be enclosed with this application).

7. Tenant(s) signature(s) \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

*Hillhead Housing Association 2000 will use the information you have given us to administer matters relating to your alterations & improvements application.*

*By signing this form, you consent to our processing personal data about you, in accordance with the Data Protection Act 1998.*

**Check that you have filled in the form correctly and hand in the completed form to the Association's office at 2 Meiklehill Road, Hillhead, G66 2LA. You will receive a letter confirming whether permission has been granted or not.**

**FOR OFFICE USE ONLY**

**Pre-installation**

TO BE COMPLETED BY PROPERTY SERVICES OFFICER

1. Pre-inspection date .....
2. Do you agree that work should proceed? YES NO
3. Further remarks? .....  
.....  
.....
4. Date .....
5. Date Tenant Notified .....
6. Date due for completion .....
7. Signature of Property Services Officer .....

**Post Installation**

TO BE COMPLETED BY PROPERTY SERVICES OFFICER

8. Work was completed on .....
9. Is work to satisfactory standard? YES NO
10. Remarks
11. Signature of Property Services Officer .....
12. Date .....