



"Great Homes, Great People, Vibrant Communities

Tenant Alteration Procedure: Appendix 1  
Application Number

**ALTERATIONS/IMPROVEMENTS APPLICATION FORM**

1. Address of Property to be altered/improved \_\_\_\_\_  
\_\_\_\_\_
2. Please give full Name(s) of Tenant(s) \_\_\_\_\_  
\_\_\_\_\_
3. Type of Alteration: \_\_\_\_\_
4. 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**

- |                 |   |
|-----------------|---|
| Outbuildings    | Include plans and give size and details of materials used in construction.                  |
| Conversions     | Include plans, give accommodation both prior to and after conversion.                       |
| Central Heating | Include plans, give manufacturer, type, number and position of radiators.                   |
| Others          | Include plans, give a full description of the alteration/improvement you wish to carry out. |



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5. Details of Alterations (include sketches, size etc of existing and proposed alteration). Use separate sheets of paper if necessary.



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

When Building Warrant is obtained (and Planning Permission where necessary) enclose a service copy, together with a copy of approved plans, with this application.

7. Tenant(s) Signature(s)

\_\_\_\_\_

\_\_\_\_\_ Date



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**FOR OFFICE USE ONLY**

**TO BE COMPLETED BY MAINTENANCE OFFICER**

Do you wish to make prior inspections YES NO

Do you agree that work should proceed YES NO

Further remarks? \_\_\_\_\_

Do you require to Post Inspect on Completion of Work? YES NO

Signature of Maintenance Officer \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY THE SENIOR ASSET OFFICER**

SAO approval YES NO

SAO signature \_\_\_\_\_

**TO BE COMPLETED BY MAINTENANCE OFFICER**

Date of Post-Inspection \_\_\_\_\_

Is work to satisfactory standard? YES NO

Remarks: \_\_\_\_\_

Signature of Maintenance Officer \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY HEAD OF CUSTOMER SERVICES**

Is alteration reimbursable YES NO

Cost of Work \_\_\_\_\_

Company \_\_\_\_\_

Invoice Number \_\_\_\_\_



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Date Installed

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HCS Signature

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