Demolition of Buildings

SECTION 80 - THE BUILDING ACT 1984

This form is to be filled in by the person (or his/her agent) who intends to carry out

demolition work. If the form is unfamiliar please call 0300 131 2 131 for help

I/We the undersigned give notice that I/We intend to demolish the building or part thereof situated at:						
Name:						
Address:						
	P	ostcode:		Telephone:		
Description (of building/s to be demo	olished:				
The premises	s are owned by:					
Name:			Email:			
Address:						
	Pe	ostcode:		Telephone:		
Th						
	ill be carried out by:		E I			
			Emaii:			
Address:		Postsodo		Tolophonou		
		osicode:		reiephone:		
I/We intend	I/We intend to commence such demolition:					
on dd/ mm/ yy:		and the	demolition will be con	mpleted within	days of commencement.	
I/We confirm	that notice has been giver	n to:		DI T:-		
i)	the occupiers of any adjacent b	ouildings (s	pecify overleaf)	riease Tic	K	
				H		
,		: .				
iii)	the public electricity supplier (it any)				
iii)	the public water supplier (if an			님		
iv)	the public electricity supplier (if an on plan of the site identifying the	у)		H		
	Situated at: Name: Address: Description of the premises: Name: Address: The work with Name: Address: I/We intend on dd/ mm/ yy:	situated at: Name: Address: Description of building/s to be demonstrated at: The premises are owned by: Name: Address: The work will be carried out by: Name: Address: I/We intend to commence such demon dd/ mm/ yy: I/We confirm that notice has been given i) the occupiers of any adjacent by	situated at: Name: Address: Postcode: Description of building/s to be demolished: The premises are owned by: Name: Address: Postcode: The work will be carried out by: Name: Address: Postcode: I/We intend to commence such demolition: on dd/ mm/ yy: and the I/We confirm that notice has been given to: i) the occupiers of any adjacent buildings (see	situated at: Name: Address: Postcode: Description of building/s to be demolished: The premises are owned by: Name: Address: Postcode: The work will be carried out by: Name: Address: Postcode: I/We intend to commence such demolition: on dd/ mm/ yy: and the demolition will be corried out by: I/We confirm that notice has been given to: i) the occupiers of any adjacent buildings (specify overleaf)	situated at: Name: Address: Postcode: Telephone: Description of building/s to be demolished: The premises are owned by: Name: Email: Address: Postcode: Telephone: The work will be carried out by: Name: Email: Address: Postcode: Telephone: I/We intend to commence such demolition: on dd/ mm/ yy: and the demolition will be completed within I/We confirm that notice has been given to: i) the occupiers of any adjacent buildings (specify overleaf)	



1 Belle Vue Square, Broughton Road, Skipton, North Yorkshire BD23 1F

Telephone: 0300 131 2 131

Email: buildingcontrol.cra@northyorks.gov.uk



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demolition work. If the form is unfamiliar please call 0300 131 2 131 for help

	The address of any adjacent building(s) notified:						
	Address:						
			Postcode:				
	Address:		Postcode:				
6	Address:						
	Address.		Postcode:				
	Address:						
			Postcode:				
	Address:						
			Postcode:				
7	I/We understand that it is an offence to commence such demolition before either:						
	a) North Yorkshire Building Control Partnership has served a Counter Notice under section 81 of The Building Act 1984 in respect of any conditions, as are relevant and are contained within Section 82 of Building Act 1984, appertaining to the manor of demolition, or;						
	b) The expiry of six weeks from the date on which I/We notify the North Yorkshire Building Control Partnership of my/our intention to demolish whichever period is less.						
8	Applicant's Name:						
	Name:	Email:					
	Address:						
		Postcode:	Telephone:				
9 📗	Signed:	Date:	Total Charge: £254.40				



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