

## REQUEST TO MAKE ALTERATIONS FORM

SBC Centre:		Unit number:	
Date of commencement of works:			
Building control required:	Yes/No	Building control approved:	Yes/No
Planning permission required:	Yes/No	Planning permission approved:	Yes/No
Contractor approved:	Yes/No	Contractor Insurance & PI approved:	Yes/No
		Surveyor required & fee agreed:	Yes/No
structure is not affected by the works in guidelines and are safe, which will include of escape. This is for the safety of all those	addition to control ooking at items that work in the ppointing a surv	arol approval. This is to make sure that the infirming that the works undertaken meet all such as fire resistance, fire and smoke detection unit and is also a requirement of our insurers reyor where necessary. Please outline your work the materials to be used:	I the relevant on and means . The landlord
SBC Director:		Your company:	
Signature:		Name:	
Date:		Signature:	
		Date:	
Additional comments:			

Please be aware that Space Business Centres does not warranty any work and that it is the occupier's responsibility to obtain all necessary statutory approval required to make the unit safe and legal to work within. By undertaking any work such as increasing mezzanine floors, creating a double unit or improving the specification by for example, inserting fixed air conditioning units within, you may be liable for additional rates payable for which you are fully aware of.

