



**ALTERATIONS / IMPROVEMENTS APPLICATION FORM**

REF:
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**1. ADDRESS OF PROPERTY TO BE ALTERED / IMPROVED**

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**2. FULL NAME(S) OF CURRENT TENANT(S)**

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**3. TELEPHONE CONTACT NUMBER**

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**4. DATE WHEN INTENDING TO START WORK** .....

**5. FULL DETAILS OF PROPOSED ALTERATION WORKS (Tenant to be issued with Standard Information Guides, in relation to the proposed works)**

DATE	INFORMATION GUIDE(S) ISSUED	TENANT'S SIGNATURE
	Kitchen alteration	
	Alteration to Central Heating	
	Alteration to Electrics	
	Install a kitchen appliance	
	Install Satellite Dish / Freeview aerial	
	Erect a garden shed / outbuilding	
	Fit Laminate Flooring	
	Build a patio / hard landscaped area	
	Bathroom alteration	
	Erect fence within property boundary	
	Build a wall within property boundary	
	Fit an external tap	
	Replace existing focal fire with new type	
	Replace internal pass doors	
	Replace skirting	
	Carry out wall / floor tiling	
	Build a BBQ	
	Other	

#### **INFORMATION REQUIRED FROM THE TENANT**

PLEASE GIVE A DETAILED DESCRIPTION (WITH SKETCHES) OF THE PROPOSED SCOPE OF WORKS, TO INCLUDE MATERIALS USED, THE IMPACT OF THE WORKS ON EXISTING FITTINGS, RELEVANT SIZES, DIMENSIONS AND LOCATION WITHIN THE PROPERTY AND THE NAME(S) OF CONTRACTOR(S) CARRYING OUT THE WORKS. (Continue on following page, if required)

**6. WHERE A BUILDING WARRANT AND/OR PLANNING PERMISSION IS REQUIRED, PLEASE ENCLOSE A COPY, TOGETHER WITH A COPY OF THE APPROVED PLANS ALONG WITH THIS APPLICATION.**

**7. DISCLAIMER**

**TENANT(S) SIGNATURE .....**

**DATE .....**

**OFFICIAL USE ONLY**

**Pre-Installation**

**1. TO BE COMPLETED BY CSA**

- Is a Pre-Inspection required? YES NO
- Is the work(s) subject to compensation at the end of tenancy? YES NO
- Has the tenant received details re compensation? YES NO

**2. REVIEW BY HOUSING SERVICES**

Are there any issues in relation to the tenant's request? YES NO

Signature of Estate Officer .....

Date .....

**3. AUTHORISATION BY MAINTENANCE SUPPORT TEAM LEADER**

Signed .....

Date .....

**4. AUTHORISATION BY TECHNICAL MANAGER**

Signed .....

Date .....

**Post-Installation**

**TO BE COMPLETED BY MAINTENANCE SUPPORT TEAM LEADER**

Has tenant submitted all necessary information/documents YES NO

in relation to the works?

Has Post-Inspection been carried out by MO? YES NO

Are works satisfactory? YES NO

Comments .....

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**Signature of Maintenance Support Team Leader** .....

**Date** .....