



**CASTLEHILL HOUSING ASSOCIATION LIMITED
APPLICATION FOR PERMISSION TO CARRY OUT ALTERATIONS**

Please complete and return this form to: Property Services Manager
 Castlehill Housing Association
 4 Carden Place
 ABERDEEN
 AB10 1UT

Name _____

Address _____

Tel No (Daytime) _____

Details of Proposed Alterations _____

(Please provide as much information as possible about your intentions and enclose any plans, specifications or estimates if you have these available).

IS PLANNING PERMISSION OR A BUILDING WARRANT REQUIRED FOR THE WORKS?

YES/NO/NOT SURE

IF 'YES' HAVE YOU APPLIED FOR THE RELEVANT PERMISSION? YES/NO

HAS PERMISSION BEEN GRANTED? YES/NO

(Please enclose copies of the approval if appropriate)

SIGNATURE _____ DATE _____

Please do not commence any work until you receive confirmation from the Association that permission has been granted.