

Application For Building Registration



This application must be completed and returned to Foregale within 6 months of the product installation on site.

Date of Application	XX	XX	XXXX
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Particulars of Building

Building Name	Building Owner
Building Address	Owner Address
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Building Post Code	Owners Post Code

Building Dates

Date Commenced	Date Completed
Floor Area	Height to Eaves
Intended use of building	
Distance to Shoreline	

Local Environment

Urban	X
Rural	X
Industrial low pollution	X
Industrial heavy pollution	X

Contract/Order number (applicable to contractor)

Main Contractor

Cladding Contractor

Roof/Wall	Profile	Colour	Coating	Quantity (MT2)

Applicant Name	
Applicant Signature	

Mill Coil Numbers used To be completed by Foregale