The Weaving Shed, Ettrick Mill, Dunsdale Road, Selkirk TD7 5EB Telephone: 03000 200 217 Email: enquiries@eildon.org.uk www.eildon.org.uk



## **Alterations Request Form**

| APPLICATION FORM FOR ALTERATION/IMPROVEMENT   |              |        |
|---|--------------|--------|
| Tenant Name and Address of Property To Be Altered/Improved:   |              |        |
|   |              |        |
|   |              |        |
|   |              |        |
|   |              |        |
| Details of Proposed Alteration/Improvements:  |              |        |
| (Please provide full details including plan, specification, estimates, etc.). Continunecessary.   | e on back    | if     |
|   |              |        |
|   |              |        |
|   |              |        |
|   |              |        |
|   |              |        |
|   |              |        |
| Is Planning Permission or a Building Warrant Required?  Yes   | No           |        |
| If yes, please provide copies of the approval.  |              |        |
|   |              |        |
| Signature(s):   |              |        |
| Date:   |              |        |
| Note: Please return this form to the Maintenance Officer. You should not proceed w until you have received a letter giving you permission to do so. | ith the alte | ration |

| Office use only   |       |          |   |
|---|-------|----------|---|
| Letter of confirmation sent to tenant confirming work can proceed | Yes   | No       |   |
| MO Signature:   | Date: | ·        |   |
|   |       |          |   |
| MO visit on completion of work to assess work completion/quality  | Yes   | No       |   |
| MO Signature:   | Date: |          |   |
|   |       | <u> </u> | ı |
| Added info as Tenant Improvement to QLx Database                  | Yes   | No       |   |
| MO Signature:   | Date: |          |   |
|   |       |          |   |

| Comments:              |       |
|------------------------|-------|
|                        |       |
|                        |       |
|                        |       |
|                        |       |
| APM / MO Signature(s): | Date: |