



Name and address of the Municipality		To be filled in by the Municipality				
Horsens Kommune Rådhusstorvet 4 8700 Horsens		Property Number	Buil. no	Street code	House no.	B
		L/R door no.		Apartment no.	Building reg. no.	
		Building Regulations (BR15)				
		<input checked="" type="checkbox"/> Application for a Building Permit <input type="checkbox"/> Notification of building works				

The Property

See guidelines

Street name and house number (identification of location) Strandpromenaden 13-15, Horsens 8700
Cadastral appellation

Type of construction

<input checked="" type="checkbox"/> New construction <input type="checkbox"/> Extension <input type="checkbox"/> Other construction
Specify what you want to construct (for example single family house, semi detached house, garage, shop, workshop, demolition of existing building, moving partition walls, change of usage, putting up signs, adding sunblinds, wind mills, farm buildings)
<input checked="" type="checkbox"/> The construction works do not require a dispensation <input type="checkbox"/> The construction works require a dispensation (A reasoned application shall be annexed to this application)
Necessary appendices must be annexed (see guidelines)

Construction Insurance

<input checked="" type="checkbox"/> Documentation from Insurance broker confirming liability enclosed. (Only applies to buildings meant for habitation)

Method of heating <input checked="" type="checkbox"/> District heating <input type="checkbox"/> Electricity <input type="checkbox"/> Other	In case 'Other' state method
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Applicant (architect, engineer or the like)

Name, address, telephone number and Company registration number	E-mail
Social Housing Association "Q-Housing by 2007" 8700 Horsens	Qhousing@horsens.dk
Date and signature	

Owner of property according to Land Registry**Owners association**

The signature of the chairman of the owners association is required unless the applicant by other means can verify his/her authority to apply on behalf of the owner

Name, address, telephone number and Company registration number	Name of owners association, name of chairman, address and e-mail.
Horsens Municipality (Horsens Kommune) Social Services By Social Committee President NN City Hall, 8700 Horsens	
Date and signature	Date and signature