

# ANCILLARY CERTIFICATE OF COMPLIANCE ON COMPLETION (ANCILLARY COMPLETION CERTIFICATE)

## - INSPECTION PLAN

BUILDING CONTROL AUTHORITY : \_\_\_\_\_

COMMENCEMENT/7 DAY NOTICE REF NO. : \_\_\_\_\_



ACEI / EI - BCR 1403

### INSPECTION PLAN

1. This certificate relates to the following Building Works:  
  
\_\_\_\_\_ (project name)  
  
at \_\_\_\_\_ (address)
2. This certificate has been prepared in accordance with the Code of Practice for Inspecting and Certifying Buildings and Works [as published by the Minister under section 3(7) of the Building Control Act 1990] or equivalent.
3. Under our Conditions of Engagement we undertook to prepare, in respect of those elements which we designed / specified, an appropriate Preliminary Inspection Plan. We confirm that, taking into account the Code of Practice for Inspecting and Certifying Buildings and Works and exercising reasonable skill, care and diligence, we prepared a Preliminary Inspection Plan which we gave to the Assigned Certifier for inclusion in the overall Preliminary Inspection Plan. We also specified, by reference to national standards or otherwise, for inclusion in the building contract(s) where applicable, testing to be carried out by contractors/suppliers to demonstrate compliance of building materials, elements and workmanship.
4. We now confirm that our Inspection Plan drawn up having regard to the Code of Practice for Inspecting and Certifying Buildings and Works, or equivalent, referred to above has been undertaken by us, having exercised reasonable skill, care and diligence, and/or, where appropriate, by Resident Engineering Staff, on the basis that all have exercised reasonable skill, care and diligence.
5. Based on the above and on "Part A" of the Completion Certificate, and relying on the ancillary certificates scheduled and the test results, we now certify, having exercised reasonable skill, care and diligence, that those elements of the project works which we designed/specified are in compliance with the requirements of the Second Schedule to the Building Regulations in so far as they apply to the elements concerned.

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company or Practice Registration No. \_\_\_\_\_ (where relevant)

Company or Practice Stamp

Signature (to be signed by a Principal or Director) Name: \_\_\_\_\_ Signed: \_\_\_\_\_