

Surveyor Confirmation of Survey



Customer Name	Mr Scott GRAVES	Surveyor	Benjamin Anderson
Order Number	S130367522	Survey Date	
Install Address	BASSETT HOUSE, STATION ROAD, WREXHAM, CLWYD, LL12 0HE		
Email Address	surveyor.customer@angliangroup.com		

Legend

	Toughed Safety Glass		
	Fire Hinge		
	Max Opening Stay		
	Restricted Stay		
	Low Handle		
	15mm Frame Extension		20mm Frame Extension
	25mm Frame Extension		30mm Frame Extension
	40mm Frame Extension		45mm Frame Extension

1. GENERAL			
Registered Owner	Yes	Residential Property	Yes
Property Type	Semi Detached	External Finish	Other - See Property Photo
Building Work	No	New Build Products	No
Restrictors Required	No	Trickle Vents Required	Yes
Window Boards to	Yes	Equal Sight Lines	No
Existing Meet Fire Regs	No	Split Products Order	Yes
Estimated Duration	2 Day	Payment	N/A
Delivery	Standard - Anglian Earliest	Estimated Duration	N/A
Building Notice Required	N/A		
General Notes			
N/A			

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2. APPROVALS/RESTRICTIONS			
Approvals/Restrictions	No	Structural Calcs	N/A
Listed Building	N/A	Conservation Area	N/A
Lead/Georgian -	N/A	ADG - Customer	N/A
Building Warrant	N/A	Building Regs - Full	N/A
Customer Responsibility	N/A	Customer Responsibility	N/A
Listed Building	N/A	Conservation Area	N/A
Other	N/A	Management Agents	N/A
Property Restrictions Notes			
N/A			
Clear & Concise Approval Notes - Surveyor			
N/A			
3. PLANNING			
Planning Required	No	Planning by	N/A
Surveyor Planning Pack	N/A	Planning by ANGLIAN	N/A
Planning Notes			
N/A			
4. VARIATION OF CONTRACT			
Changes to Contract	Yes	Gross Cost Increase	£N/A
Price Adjustment	Unknown (TBA)	Gross Cost Decrease	£N/A
Customer Agreed +/-	Yes	VOC Payment Type	N/A
Cost Change Provided By	Unknown - To Be Advised		
VOC NOTES			
N/A			
8. CUSTOMER RESPONSIBILITY			
Customer Responsibilities	No	Telephone Wire/Box	N/A
Curtain Rail/Blinds	N/A	Pelmets Remove	N/A
Alarm Sensor/Wires	N/A	Security Lights Move	N/A
Gas/Water Pipes Move	N/A	TV/Satellite Move	N/A
Gas Meter Move	N/A	Electric Meter Move	N/A
Radiator Move	N/A	Gas Safe Advice	N/A
Wires/ Sockets Move	N/A	Shrubs to be Moved	N/A
Neighbour Consent	N/A		
CUSTOMER RESPONSIBILITY NOTES			
N/A			

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9. GENERAL NOTES

Customer Notes	No	
CUSTOMER NOTES		
N/A		

10. STRUCTURAL NOTES

Structural Notes	Yes	
STRUCTURAL NOTES		
All other units and trims input on Caliburn - 28/11 Item 1 - Input with 152mm cill frame section but not showing on report - 28/11 Surveyor confirms Customer does not require a Geo Report for approval - 28/11		

Product Specification

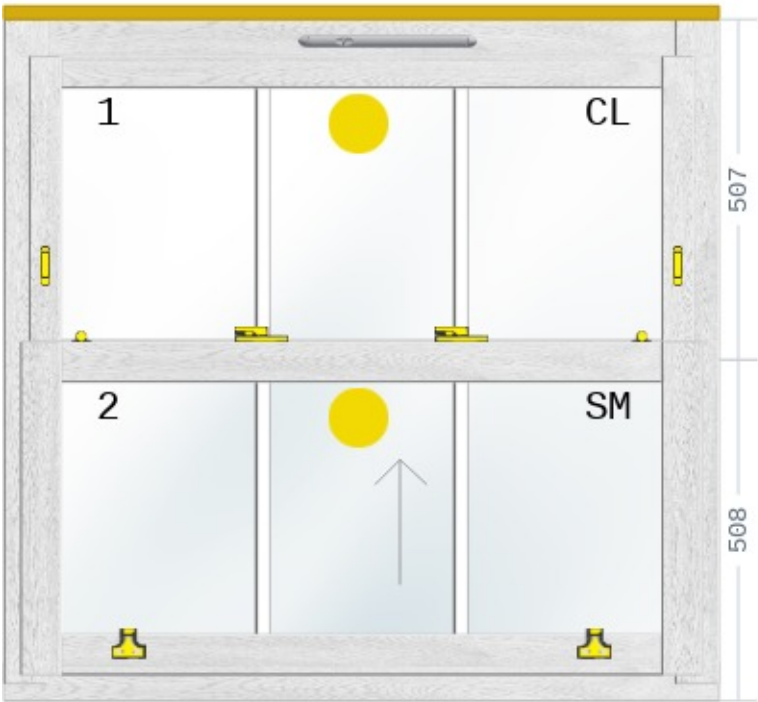


Item 1 - Bathroom

Template: VE Classic Vertical Slider WER A+

Viewed Internally

Classic Vertical Slider



Overall Size	W	1065	H	1035	Buried Depths	L0	R0	T0	B0
Frame Size	W	1065	H	1015	Ground Distance	9999			
Internal Sizes	W	0	H	0					
Frame Top Extensions	20mm Packer VE				Frame Bottom Extensions	N/A			
Frame Left Extension	N/A				Frame Right Extensions	N/A			
Cill:	VEDUMMYSILL				Cill Length	1065	Horns:	0	
Installation Type	FaceBrick				Energy Rating	A+ VE			
Frame Colour	Foil White				V/S Frame Vent	2500 Simon Ventilator Frame(1)			
Furniture Colour	Gold				Wind Load Factor	C High Risk			
V/S limit Stop	Limit Stops								
V/S Decor Horns	Not Required								
Lock (V/S)	Locking Cam								
V/S Finger Pull	Finger Pull								
V/S Egress Sash	Egress Sash Not Available								
Glass Details									
Pane	Width	Height	Config		Pattern	Glass Effect			
1	885	399	V/S Tgh Clear [4/16/4 TGB]		Clear				

Glass Details

Pane	Width	Height	Config	Pattern	Glass Effect
2	885	400	V/S Tgh Silver Mist [4/16/4 TGB]	Silver Mist	

Building Work Notes
Glass Effect = Cottage Bar

5. SURVEY SAFETY

Survey Safety Issues	No	Parking Difficulties	N/A
Parking Permit Required	N/A	Pavement License	N/A
Services Need	N/A	Manual Handling Issues	N/A
Areas Fenced to Protect	N/A	Access Equipment Road	N/A
Demolition Survey	N/A	Installers can use	N/A
Survey Safety Notes N/A			

6. WORKING AT HEIGHTS

Working at Height	Yes	Max Working Height	4m
Tower Required	Yes	Scaffold Required	No
Window Bar Required	No	Ladder Work	No
WalkBoard for Towers	N/A		
Reasons for Access Equipment N/A			

7. ASBESTOS

Unknown Material	No	Soffit Material	N/A
Samples Taken	N/A	Date Posted	N/A

Property Location/s
N/A

NOTES
N/A

This section must be completed by relevant Manager

Estimated Start: _____ Number of days required _____

Is the asbestos report present in the installation pack? N/A ☐ Yes ☐

Are there additional contractors required to complete the installation other than the installers? Yes ☐

If yes provide contractors contact details:

If window bars specified, can you confirm/corroborate they can be used? Yes ☐

Who is in overall control during the installation? State company and individual:

SIGNED:

DATE:

The relevant Manager must only sign this form after they have reviewed the entire form and are satisfied system work is in place BEFORE work starts.