www.cwjsurveyors.co.uk

T: 01603 715 336 **M:** 07843 389 925

E: cwjsurveyors@outlook.com



Professional Consultants Certificate

RETURN TO:

ADDRESS

NAME OF APPLICANT(S):

NAMES

FULL ADDRESS OF PROPERTY:

ADDRESS

WE C W JOHNSON LIMITED, CERTIFY THAT UNDER THE TERMS OF OUR AGREEMENT:

1

WE HAVE VISITED THE SITE AT APPROPRIATE PERIODS FROM THE COMMENCEMENT OF CONSTRUCTION TO THE CURRENT STAGE TO CHECK GENERALLY:

- (a) PROGRESS, AND,
- (b) CONFORMITY WITH THE BUILDING REGULATION, AND
- (c) CONFORMITY WITH DRAWINGS/INSTRUCTIONS PROPERLY ISSUED UNDER THE BUILDING CONTRACT (IF ANY).
- AT OUR LAST INSPECTION ON ***DATE***, THE PROPERTY HAD REACHED THE STAGE OF PRACTICAL COMPLETION.
- SO FAR AS COULD BE DETERMINED BY EACH PERIODIC INSPECTION, THE PROPERTY HAS BEEN GENERALLY CONSTRUCTED:
 - (a) TO A SATISFACTORY STANDARD AND,
 - (b) IN GENERAL COMPLIANCE WITH THE BUILDING REGULATIONS.
- WE WERE ORIGINALLY RETAINED BY ***NAME*** WHO IS THE BUILDER/DEVELOPER IN THIS CASE.

5

WE ARE AWARE THIS CERTIFICATE IS BEING RELIED UPON BY THE APPLICANT(S) OF THE PROPERTY AND ALSO BY A MEMBER OF THE COUNCIL OF MORTGAGE LENDERS WHEN MAKING A MORTGAGE ADVANCE TO THAT PURCHASER SECURED ON THIS PROPERTY.

6.

WE CONFIRM THAT WE WILL REMAIN LIABLE FOR A PERIOD OF SIX YEARS FROM THE DATE OF THIS CERTIFICATE. SUCH LIABILITY SHALL BE TO THE APPLICANT(S) AND THEIR LENDERS AND UPON EACH SALE OF THE PROPERTY THE REMAINING PERIOD SHALL BE TRANSFERRED TO SUBSEQUENT APPLICANT(S) AND THEIR LENDERS.

7

WE CONFIRM THAT WE HAVE APPROPRIATE EXPERIENCE IN THE DESIGN AND/OR MONITORING OF THE CONSTRUCTION OR CONVERSION OF RESIDENTIAL BUILDINGS.

C W JOHNSON LIMITED CHARTERED SURVEYORS 11 HUNTERS CLOSE BLOFIELD NORWICH NR13 4LS

8.

PROFESSIONAL INDEMNITY INSURER AS PER ATTACHED CERTIFICATE.

q

THE MINIMUM AMOUNT OF PROFESSIONAL INDEMNITY INSURANCE C W JOHNSON LIMITED WILL KEEP IN FORCE TO COVER HIS LIABILITIES UNDER THIS CERTIFICATE IS \pounds^{***} FOR ANY ONE CLAIM OR SERIES OF CLAIMS ARISING OUT OF ONE EVENT.

SIGNATURE: SAMPLE

FOR AND ON BEHALF OF CW JOHNSON LIMITED

DATE OF CERTIFICATE: ***DATE***

PROJECT NUMBER: ***PROJ NUMBER***

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