**Independent Audit of Viability details: Instruction**

**Section A (Site Summary)** – to be completed by Case Officer

|  |  |  |  |
| --- | --- | --- | --- |
| **Case officer contact details:** |  | **Date of audit request:** |  |
| **Camden Reference:** |  | **Statutory consultation end date:** |  |
| **Site Address:** |  |
| **Reason for Assessment:** |  |
| **Proposal description:**  |  |
| **Relevant planning background** |  |
| **Which ward is the application situated?** |  |
| **Is there an adopted neighbourhood plan? If so, which is it?** |  |

**Section B: Fee proposal (to be completed by the Auditor)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Fee and costs (£ ex VAT)** | **Date estimate for initial report** | **Commentary (including timescales for completion of Initial Report)** |
| *Date* | *Fee and cost -*  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: Where changes to the fee are required during the audit process, this will require an update to the above table, with justification provided by the auditor. These changes shall be agreed with the planning officer and the applicant, in writing before the work is undertaken.

**Section C: Audit Agreement (to be completed by whoever is to be invoiced)**

**Important note – please read bullet points below prior to completing:**

* **The Contact named in (i) below shall accept responsibility for the costs set out in Section C and must return this form directly to the planning case officer**
* **We cannot accept instruction forms filled out or returned by a third party (I.e. if the applicant is paying, the form must be completed and returned by the applicant, NOT by an agent on his/her/their behalf).**
* **This pro forma must be completed fully and accurately. We will not be able to proceed with the audit until we are satisfied that Camden Council will be able to fully reclaim the costs incurred**

I agree to pay the full costs of the independent audit of the Viability details associated with the planning application for the site identified in Section A. Such costs may include additional fees charged at the hourly rate for DCC attendance (for example).

**Who will be paying the invoice:**

|  |  |
| --- | --- |
| 1. **FULL NAME of contact to be Invoiced by LB Camden for audit costs\***
 |  |
| 1. **Address of contact**
 |   |
| 1. **Company (if relevant)**
 |  |
| 1. **Contact telephone number**
 |  |
| 1. **Contact email address**
 |  |
| 1. **Date**
 |  |
| The section below is to be filled out in the event of any additional costs being incurred. the Contact in (i) acknowledges that they may be liable for additional fees, charged at the hourly rate, in the following circumstances:* To assess detailed revisions to the originally submitted audit material
* To assess detailed technical consultation responses from Third Party consultants
* To attend Development Control Committee
 |
| 1. **Additional cost amount**
 | Reason |
|  |  |
| **Name** | Date |
|  |  |

[If Company name not provided then **FULL NAME** of Contact (First-name & Surname) must be provided – initials will not suffice]

**Please be advised an administration fee of £51.67 + VAT will be added to this and any further invoices pertaining to this application to cover the costs of the council processing the application.**

The case officer will confirm any additional costs to the applicant prior to instructing the Auditors to proceed. We will require written consent from the person named in (i) above that they will meet the costs prior to agreeing additional work

Every effort will be made to minimise the occurrence of additional unforeseen expenses arising from the audit process.