Form 8 (Rule 7.4)

Certificate of practical completion of works authorised by faculty

Ref:

042/19

2019-034410

Parish & Church:

Woodford: Christ Church

1211

Diocese:

Chester

Archdeaconry:

Macclesfield

A faculty dated 30 September 2019 authorised the following works subject to the conditions below:

Repair of all internal roof truss joints, by introduction of bolted steel plates and shear plate connectors

All in accordance with:

- 1) Drawing number C20039 SK/01 of Atkinson Peck Consulting Engineers dated April 2019
- 2) Structural Inspection Report of Atkinson Peck Consulting Engineers dated 5 April 2019
- 3) E-mail of David Jones including message of Alan Hurst dated 2 May 2019

On the following conditions:

- a) The works to be carried out under the direction and subject to the inspection of the structural engineer
- b) The plating of the trusses to be according to the instruction of the Church Architect

1. Company or person who carried out the work

The work was carried out by the following:

RESTORATION LTD

REPDISH, STOCKPORT

(If a different company, firm or person was employed for different items of the work details of each contractor must be given and details of the works they have carried out .)

Each company, firm or person named above was supplied with a copy of the faculty before the work was commenced.

2. Architect/Surveyor (if any)

(The architect/surveyor employed in relation to the work was:

ATKINSON PECK - STRUCTURAL ENGINEER

SIGNED OFF THE WORK

THAT IT WAS IN ACCORDING

WITH THE DRAWINGS.

(DID A SITE VISIT TO

VISUALLY INSCECT THE WORK)

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(i)	We/I certify to the best of our knowledge, information and belief that the works have been carried out in accordance with the faculty.
(ii)	We/l certify that all the conditions attached to the faculty have been complied with.
(iii)	We have given a copy of the certificate to the Archdeacon and have placed a copy in the church's log book.
(Delet	te (iii) in the case of works to a building included in the list under the Care of Places of Worship Measure 1999)
Name: DAVID JONES	
(Insert name of churchwarden, petitioner or person authorised to act on petitioner's behalf)	
Addr	ess: 36 MOONLANE WOODFORD CHESHIRE SKTIPP
Signe	ed:
	D.G JONES WARPEN.
Nam	e:
(Insei	rt name of churchwarden, petitioner or person authorised to act on petitioner's behalf)
Addr	ress:
. .	
Signe	ed: Date:
Nam (Insei	e: rt name of churchwarden, petitioner or person authorised to act on petitioner's behalf)
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Addr	e??;
Signe	ed: Date:

Certificate by churchwardens or petitioner

3.

Note: This form is to be returned to the registrar within 28 days of the practical completion of the work