**RESPONSIBILITY FORM – Building and Construction Authority**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planning Permission No.** |  | | |
| **Location of Site (Full Address)** |  | | |
| * 1. **Perit in charge of the project.** | | | |
| 1.1.1 Full Name | |  | |
| 1.1.2 Contact Perit for Partnership (if applicable) | |  | |
| * + 1. ID No. | |  | |
| * + 1. Address | |  | |
| * + 1. Mobile No. | |  | |
| * + 1. Perit Warrant No. | |  | |
| * + 1. Email Address | |  | |
| I declare that I shall be responsible to issue specifications, direct and monitor the works. I also understand my responsibility in terms of Article 1638 of the Civil Code of the Laws of Malta (provided that any of these responsibilities may be delegated to another warranted perit by way of agreement).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed Date | | | |
| **Date of commencement of works** *(dd/mm/yyyy)* | | | /     / |
| * 1. **Client or Applicant or Developer or Owner** | | | |
| * + 1. Full Name |  | | |
| * + 1. ID No. |  | | |
| * + 1. Address |  | | |
| * + 1. Mobile No. |  | | |
| * + 1. Email Address |  | | |
| I, the undersigned, declare that I shall comply with all the requirements and obligations of CAP 623 which have a bearing on my role as developer.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | |
| * 1. **Licensed Mason** (where applicable\*) | | | |
| 1.3.1 Full Name |  | | |
| * + 1. ID No. |  | | |
| * + 1. Address |  | | |
| * + 1. Mobile No. (24 hour contact) |  | | |
| * + 1. Licence No. |  | | |
| * + 1. Email Address |  | | |
| I, the undersigned, declare that I shall be responsible for the undertaking of the erection of the building works according to the specifications issued by the perit in charge of the project. I also understand my responsibility in terms of Article 1638 of the Civil Code of the Laws of Malta, and in terms of the Code of Police Laws.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | |
| * 1. **Site Manager appointed as per CAP 623** *(where applicable\*)* | | | |
| * + 1. Full Name |  | | |
| * + 1. ID No. |  | | |
| * + 1. Address |  | | |
| * + 1. Mobile No. (24 hour contact) |  | | |
| * + 1. Email Address |  | | |
| I declare that I accept the role of Site Manager for the works covered by this permission and that I have understood the requirements of the above mentioned legal notice.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | |

**DEMOLITION WORKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1. **Perit responsible for demolition method statement** | | | | | |
| * + 1. Full Name or Partnership | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Perit Warrant No. | | |  | | |
| * + 1. Email Address | | |  | | |
| I, the undersigned perit, declare that I am professionally responsible for the contents of this method statement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Site technical officer during demolition** | | | | | |
| * + 1. Full Name or Periti Partnership (if applicable) | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Warrant No. (if applicable) | | |  | | |
| * + 1. Details of Engineering Qualifications (if applicable) | | |  | | |
| * + 1. Email Address | | |  | | |
| DECLARATION  I declare that I will be present on site every time a decision is being taken the result of which would influence or alter the workflow associated with the submitted method statement, the safeguarding of third-party rights, the quality of executed works and their co-ordination. I also declare that I will comply with all the requirements and obligations of CAP 623 which have a bearing on my role.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Contractor responsible for demolition** | | | | | |
| * + 1. Full Name |  | | | | |
| * + 1. ID No. |  | | | | |
| * + 1. Address |  | | | | |
| * + 1. Mobile No. |  | | | | |
| * + 1. Email Address |  | | | | 2.10.6 Ref/Lic No. |
| I, the undersigned contractor, declare that I will abide by all the relevant Laws, Regulations and conditions imposed on my role and shall remain responsible for adhering to the requirements contained therein.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
|  | | | | | |
| **EXCAVATION WORKS** | | | | | |
| * 1. **Perit responsible for excavation method statement** | | | | | |
| * + 1. Full Name or Partnership | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Perit Warrant No. | | |  | | |
| * + 1. Email Address | | |  | | |
| I, the undersigned perit, declare that I am professionally responsible for the contents of this method statement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Site technical officer during excavation** | | | | | |
| * + 1. Full Name or Periti Partnership (if applicable) | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Warrant No. (if applicable) | | |  | | |
| * + 1. Details of Engineering Qualifications (if applicable) | | |  | | |
| * + 1. Email Address | | |  | | |
| * + 1. DECLARATION   I declare that I will be present on site every time a decision is being taken the result of which would influence or alter the workflow associated with the submitted method statement, the safeguarding of third-party rights, the quality of executed works and their co-ordination. I also declare that I will comply with all the requirements and obligations of CAP 623 which have a bearing on my role.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Contractor responsible for excavation** | | | | | |
| * + 1. Full Name |  | | | | |
| * + 1. ID No. |  | | | | |
| * + 1. Address |  | | | | |
| * + 1. Mobile No. |  | | | | |
| * + 1. Email Address |  | | | 2.11.6 Ref/Lic No. | |
| I, the undersigned contractor, declare that I will abide by all the relevant Laws, Regulations and conditions imposed on my role and shall remain responsible for adhering to the requirements contained therein.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| **BUILDING WORKS** | | | | | |
| * 1. **Perit responsible for construction method statement for building works** | | | | | |
| * + 1. Full Name or Partnership | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Perit Warrant No. | | |  | | |
| * + 1. Email Address | | |  | | |
| I, the undersigned perit, declare that I am professionally responsible for the contents of this method statement.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Site Technical Officer during building works** | | | | | |
| * + 1. Full Name or Periti Partnership (if applicable) | | |  | | |
| * + 1. Contact Perit for Partnership (if applicable) | | |  | | |
| * + 1. ID No. | | |  | | |
| * + 1. Address | | |  | | |
| * + 1. Mobile No. | | |  | | |
| * + 1. Warrant No. (if applicable) | | |  | | |
| * + 1. Details of Engineering Qualifications (if applicable) | | |  | | |
| * + 1. Email Address | | |  | | |
| DECLARATION  I declare that I will be present on site every time a decision is being taken the result of which would influence or alter the workflow associated with the submitted method statement, the safeguarding of third-party rights, the quality of executed works and their co-ordination. I also declare that I will comply with all the requirements and obligations of CAP 623 which have a bearing on my role.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Contractor responsible for building works** | | | | | |
| * + 1. Full Name |  | | | | |
| * + 1. ID No. |  | | | | |
| * + 1. Address |  | | | | |
| * + 1. Mobile No. |  | | | | |
| * + 1. Email Address |  | | | 2.12.6 Ref/Lic No. | |
| I, the undersigned contractor, declare that I will abide by all the relevant Laws, Regulations and conditions imposed on my role and shall remain responsible for adhering to the requirements contained therein.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| * 1. **Project Supervisor as per Legal Notice 88 of 2018 appointed by developer** | | | | | |
| * + 1. Full Name | |  | | | |
| * + 1. ID No. | |  | | | |
| * + 1. Address | |  | | | |
| * + 1. Mobile No. | |  | | | |
| * + 1. Email Address | |  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |