REQUEST FOR REPORT AND CONSENT ON PROPOSED DEMOLITION



APPLICANT DETA	ILS					
OWNER	AGENT RELEVA	NT BUILDING SURVEYOR	(tick applicable)			
APPLICANT NAME	APPLICANT NAME					
BUSINESS/COMPANY NAME						
ABN		ACN				
POSTAL ADDRESS						
PHONE (BH)		_ EMAIL				
PROPERTY DETAILS						
ADDRESS	Number Stree	t/Road				
	Town	Postcode _				
PROPOSAL						
BUILDING PERMIT APPLICATION REFERENCE NUMBER						
BUILDING SURVEY The attached buildin for report and conse	OR REGISTRATION NUM g permit application is refe	IBER (if applicable) rred in accordance with section 29A of	the <i>Building Act 19</i> 93			
A: The consent of	the relevant responsible	authority is required because:				
a. the proposed demolition meets the 50% volume test under section 29A(1)(a) of the <i>Act</i>						
b. the proposed demolition meets the façade test under section 29A(1)(b) of the Act						
YES						
c. the propose	al is for a complete demoliti	on YES NO				
B: Relevant Plann	_					
Planning permit	number	has been obtained for the propos	ed demolition.			
IMPORTANT INFO	RMATION					
For your application	to be assessed, the comple	eted application form must be accompa	nied by the following:			
2 copies of plans of the proposed works, including site plan, floor plan, elevations and sections, which indicate the proposed demolition or part / façadedemolition						
A full copy of a current Certificate of Title of the allotment including lot plan, plan of subdivision, covenants, agreements and easements						
Details of any know previous part demolition work that has been carried out on the building.						
A fee of \$93.90						

APPLICANT DECLARATION

I declare and understand that:

- the information provided in this application is true and complete to the best of my knowledge.
- this application forms a legal document and penalties exist for providing false or misleading information.
- Council may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

Name (please p	rint)			
			_	
Signature		•	Date	
HOW WOULD Y	OU LIKE TO RE	CEIVE YOUR PERMIT		
WILL COLLECT	ВУ	MAIL BY EMAIL]	
PAYMENT OPT	IONS			
CONTACT US Phone 03 5760 2600 to credit card payment Email council@bena		IN PERSON Visit the Council's Customer Service Centre at 1 Bridge Street East, Benalla	MAIL Send this application back to us with a cheque for the full amount made payable to Benalla Rural City Council, PO BOX 227, BENALLA 3671	
OFFICE USE	Date received	Receip	t number	

Information Privacy The personal information requested on this form is being collected by Council for assessment of your application for a consent and report pursuant to section 29A of the Building Act 1993. The personal information will be used by Council only for this primary purpose or directly related purposes. The applicant understands that the personal information provided is for the assessment of the consent and report application and that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's privacy officer.