

REQUEST FOR REPORT AND CONSENT ON PROPOSED DEMOLITION



APPLICANT DETAILS

OWNER AGENT RELEVANT BUILDING SURVEYOR (tick applicable)

APPLICANT NAME _____

BUSINESS/COMPANY NAME _____

ABN _____ ACN _____

POSTAL ADDRESS _____

PHONE (BH) _____ EMAIL _____

PROPERTY DETAILS

ADDRESS Number _____ Street/Road _____

Town _____ Postcode _____

PROPOSAL _____

BUILDING PERMIT APPLICATION REFERENCE NUMBER _____

BUILDING SURVEYOR REGISTRATION NUMBER (if applicable) _____

The attached building permit application is referred in accordance with section 29A of the *Building Act 1993* for report and consent.

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 Act
YES NO
- b. the proposed demolition meets the façade test under section 29A(1)(b) of the Act
YES NO
- c. the proposal is for a complete demolition YES NO

B: Relevant Planning Permit

Planning permit number _____ has been obtained for the proposed demolition.

IMPORTANT INFORMATION

For your application to be assessed, the completed application form must be accompanied 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 / façade demolition
- 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.
- Fee to be calculated once application form has been lodged via the online customer portal.

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 print)

Signature

Date

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT

WILL COLLECT

BY MAIL

BY EMAIL

PAYMENT OPTIONS

CONTACT US

Phone 03 5760 2600 to make an EFTPOS or credit card payment.

Email council@benalla.vic.gov.au

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

Receipt 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.