Building Act 1993 – Building Regulations 2018 – Schedule 2

Application to vary Building Regulation 92 & 93 – Fences on street alignments



| PROPERTY VARIATION IS SOUGHT FOR | | | | | | | | | |
|--|--|--|---------------------------|--|--|--|--|--|--|
| ADDRESS | | Street/Road | | Postcode | | | | | |
| APPLICANT DETAI | | | | | | | | | |
| APPLICANT NAME | | | | | | | | | |
| POSTAL ADDRESS PHONE (BH) | | | | | | | | | |
| IMPORTANT INFORMATION | | | | | | | | | |
| the following: Description of property of the | roposal of properly pro wing location ion of the pro re footpath lever ormation that | epared plans which in of proposed fence posed fence indicatin vel would support the ap | iclude: ig height abov | on form must be accompanied by | | | | | |
| APPLICANT SIGNA | TURE | | | | | | | | |
| Signature | | | Date | | | | | | |
| HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT | | | | | | | | | |
| WILL COLLECT | BY | MAIL E | BY EMAIL | | | | | | |
| PAYMENT OPTION | S | | | | | | | | |
| CONTACT US Phone 03 5760 2600 to male or credit payment over the p Fax 03 5762 5537 Email council@benalla.vic | phone. | IN PERSON Visit the Council's Custome at 1 Bridge Street East, Bo | | 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 VIC 3671 | | | | | |
| OFFICE USE | ate received | | Receipt r | 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 the Building Regulation 2018. The personal information will be used solely by Council 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.

| DESCRIPTION OF PROPOSAL AND REASONS FOR APPLICATION | | | | | | | | | |
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| OFFICE USE ONLY | | | | | | | | | |
| Reviewed by | BC / MBS | PC | MD | | | | | | |
| | ☐ Approved ☐ Refused | ☐ Approved ☐ Refused | ☐ Approved ☐ Refused | | | | | | |
| Signature | | | | | | | | | |
| Date | | | | | | | | | |
| Comments | | | | | | | | | |
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