

Application to Vary Building Regulation 82 – Solar access to existing north-facing habitable room windows



PROPERTY VARIATION IS SOUGHT FOR

ADDRESS Number _____ Street/Road _____
Town _____ Postcode _____

APPLICANT DETAILS

APPLICANT NAME _____
POSTAL ADDRESS _____
PHONE (BH) _____ EMAIL _____

IMPORTANT INFORMATION

In order for your application to be assessed, the completed application form must be accompanied by the following:

- Description of proposal, and justification of compliance with the Minister’s decision guidelines (see attached form)
- Two (2) copies of properly prepared plans which include:
 - site plan showing all dimensions and setbacks of existing buildings and affected adjoining buildings
 - elevations of the proposed building with maximum heights clearly indicated
 - any other information that would support the application
- Copy of a current Certificate of Title
- Fee to be calculated once application form has been lodged via the online customer portal.

APPLICANT SIGNATURE

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 payment over the phone.
Fax **03 5762 5537**
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 VIC 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 Building Regulation 417(6). 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.

OFFICE USE ONLY			
Reviewed by	BC / MBS	PC	MD
	<input type="checkbox"/> Approved <input type="checkbox"/> Refused	<input type="checkbox"/> Approved <input type="checkbox"/> Refused	<input type="checkbox"/> Approved <input type="checkbox"/> Refused
Signature			
Date			
Comments			