



APPLICATION FOR PLANNING, BUILDING & SEPTIC INFORMATION REQUEST

PERSON/ORGANISATION REQUESTING INFORMATION

Name of Applicant					
Name of Company					
Address for Response					
Contact Numbers: Phone:		Fax:		Mobile:	
Email					

SITE OF ADDRESS (FOR REQUEST)

Number	
Street/Road	
Town	

REQUEST TYPE:

It is recommended you contact us before lodging this request, to establish the likelihood of any documents being available.
Tick applicable option (fees include GST)

PLANNING DEPARTMENT		
✓	ITEM REQUESTED	AMOUNT
	Request copies of Planning Permit(s) <i>Supply Permit Number if known</i>	\$68.25 + printing
	Request copies of Endorsed Plans(s) <i>Supply Permit Number if known</i>	\$68.25 + printing
BUILDING DEPARTMENT		
	Request copies of Building Permit(s) <i>(with owners consent)</i> <i>Supply Permit Number if known</i>	\$68.25 + printing
	Request copies of Occupancy Permit (s) <i>(with owners consent)</i> <i>Supply Permit Number if known</i>	\$68.25 + printing
	Request copies of Building Permit including Plans(s) <i>Supply Permit Number if known</i>	\$68.25 + printing
	Application for Building Information Request – Regulation 326	\$52.10 per section
HEALTH DEPARTMENT		
	Request for Septic Tank Permit(s) including Plan(s) <i>Supply Permit Number if known</i>	\$68.25 + printing

APPROVAL GRANTED BY OWNER (where relevant)

OWNERS NAME (Print)

OWNERS SIGNATURE

PAYMENT

Please Note: We will conduct the archive search on your behalf and ring you with the result and to make the payment if documents are available.

Fees Received: _____ Receipt No: _____ Date of Receipt: _____

RETURN TO: Ararat Rural City Council
Planning, Building or Health Department
PO Box 246, Ararat Vic 3377

Phone: 5355 0200