

# APPLICATION FOR PLANNING, BUILDING & SEPTIC INFORMATION REQUEST

PERSON/ORGANISATION	SON/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)

PL	ANNING DEPARTMENT	
$\checkmark$	ITEM	AMOUNT
	Request copies of Planning Permit(s) - Supply Permit Number if known	\$70.00
	<b>Request copies of Endorsed Plans(s)</b> – Standard search fee of \$68.25 plus \$3.50 per plan A2 size and above.	\$70.00
BU	ILDING DEPARTMENT	
	Request copies of Building Permit(s) (with owners consent)- Supply Permit Number if known	\$71.00 + printing
	Request copies of Occupancy Permit (s) (with owners consent)- Supply Permit Number if known	\$71.00 + printing
	Request copies of Building Permit including Plans(s) –	\$71.00 + printing
	Application for Building Information Request – Regulation 326	\$53.60 per section
HE	LEALTH DEPARTMENT	
	Request for Septic Tank Permit(s) including Plan(s)	\$65.00

#### APPROVAL GRANTED BY OWNER (where relevant)

#### **OWNERS NAME (Print)**

## **OWNERS SIGNATURE**

#### PAYMENT

**Please Note:** If you wish to pay for your request by credit card, please tick the box and we will ring you upon receipt of your inquiry to collect your card details, otherwise please attach your cheque or make payment with our cashier.

Fees Received:

Receipt No:\_\_\_\_\_

Date of Receipt:

**RETURN TO:** Ararat Rural City Council Planning & Building Department PO Box 246, Ararat Vic 3377 Phone: 5355 0200