



CRMS NO. _____

APPLICATION FOR 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)

BUILDING DEPARTMENT		
✓	ITEM	AMOUNT
	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) (with owners consent) Supply Permit Number if known	\$71.00 + printing
	Application for Building Information Request – Regulation 326	\$53.60 per section
HEALTH DEPARTMENT		
	Request for Septic Tank Permit(s) including Plan(s) Supply Permit Number if known	\$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
Building or Health Department
PO Box 246, Ararat Vic 3377

Phone: 5355 0200