

## 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      |                                                                                                |                    |
|--------------------------|------------------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> | Request copies of Building Permit(s) (with owners consent)-<br>Supply Permit Number if known   | \$73.00 + printing |
| <input type="checkbox"/> | Request copies of Occupancy Permit (s) (with owners consent)-<br>Supply Permit Number if known | \$73.00 + printing |
| <input type="checkbox"/> | Request copies of Building Permit including Plans(s) –                                         | \$73.00 + printing |
| HEALTH DEPARTMENT        |                                                                                                |                    |
| <input type="checkbox"/> | Request for Septic Tank Permit(s) including Plan(s)                                            |                    |

### 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