REQUEST FOR REPORT AND CONSENT ON PROPOSED DEMOLITION



APPLICANT DETA	ILS					
OWNER	AGENT	RELEVANT BUI	LDING SURVEYO	R	(tick applicable)	
APPLICANT NAME						
BUSINESS/COMPANY NAME						
ABN		AC	N			
POSTAL ADDRESS						
PHONE (BH)		EMA	AIL			
PROPERTY DETAILS						
ADDRESS	Number	Street/Road				
	Town			Postcode		
PROPOSAL						
BUILDING PERMIT APPLICATION REFERENCE NUMBER						
BUILDING SURVEY The attached building for report and conser	OR REGISTRATI					
A: The consent of	the relevant res	sponsible author	rity is required bed	cause:		
a. the proposed demolition meets the 50% volume test under section 29A(1)(a) of the <i>Act</i>						
b. the proposed demolition meets the façade test under section 29A(1)(b) of the <i>Act</i>						
YES						
c. the proposa	l is for a complete	e demolition YE	S NO			
B: Relevant Plann						
Planning permit		na	as been obtained fo	r the proposed de	molition.	
IMPORTANT INFO	RMATION					
For your application	to be assessed, t	he completed ap	plication form must	be accompanied	by the following:	
2 copies of plans of the proposed works, including site plan, floor plan, elevations and sections, which indicate the proposed demolition or part / façadedemolition						
A full copy of a current Certificate of Title of the allotment including lot plan, plan of subdivision, covenants, agreements and easements						
Details of any know previous part demolition work that has been carried out on the building.						
A fee of \$91.40						

APPLICANT DECLARATION

I declare and understand that:

- the information provided in this application is true and complete to the best of my knowledge.
- this application forms a legal document and penalties exist for providing false or misleading information.
- Council may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

Name (please prir	nt)				
Signature			Date		
HOW WOULD YO	OU LIKE TO RE	CEIVE YOUR PERMIT			
WILL COLLECT [ВУ	MAIL BY EMAIL			
PAYMENT OPTIC	ONS				
CONTACT US Phone 03 5760 2600 to or credit card payment. Email council@benalla		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 3671		
OFFICE USE	Date received	Receir	ot 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 section 29A of the Building Act 1993. The personal information will be used by Council only 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.