



BUILDING LICENCE APPLICATION

PROPERTY WHERE BUILDING TO BE BUILT:

Lot No: _____ House No: _____ Street Name: _____ Suburb: _____

IS LOT FREE OF IMPROVEMENTS?: (VACANT) YES/NO

PROPERTY OWNER/S: (attach separate sheet if more than 2)

Name: _____	Phone: _____
Address: _____	Mobile: _____
Name: _____	Phone: _____
Address: _____	Mobile: _____

Please Tick if the owner's details above are **NOT** to be made available to agencies other than Statutory Authorities

DETAILS OF WORK: (Tick box or boxes)

- | | | | | |
|--|--|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Fitout | | |
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Group Dwelling | <input type="checkbox"/> Carport | <input type="checkbox"/> Shop | <input type="checkbox"/> Outbuilding |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Patio | <input type="checkbox"/> Verandah | <input type="checkbox"/> Office | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Pergola | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Shed | <input type="checkbox"/> Factory | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please state building/structure type): _____ | | | | |

BUILDING MATERIALS: (Please specify)

Walls _____	Roof _____
Floor _____	Frame _____

ESTIMATED TOTAL FLOOR AREA OF THE BUILDING: m²

ESTIMATED VALUE OF CONSTRUCTION WORK (INCLUDING GST): \$

DETAILS OF APPLICANT: (Must be completed if applicant is *not* the builder)

Name _____
Street Address _____
Postal Address _____
Email address _____
Phone _____ Fax _____ Mobile _____

SIGNATURE OF APPLICANT: _____ DATE: _____

DETAILS OF APPLICANT: (Must be completed if applicant is the *builder or owner builder*)

Name _____
Street Address _____
Postal Address _____
Email address _____
Phone _____ Fax _____ Mobile _____

Applicant's registration number under the *Builders' Registration Act 1939*: _____

Contact name _____ Phone _____

SIGNATURE OF APPLICANT: _____ DATE: _____

*Please check that all applicable sections of the form have been completed before submitting the application.