

APPLICATION FOR DEMOLITION LICENCE



BUILDING TO BE DEMOLISHED:

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

Certificate of Title: _____ Volume: _____ Folio: _____

To Be Demolished: Whole of building.

Part only of building. Give details.

Type of Construction (e.g. brick & tile): _____

Is there asbestos material in the structure? Yes / No

Number of Storeys: _____

Previous use or Classification: _____

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

Name: _____ Phone: _____

Address: _____ Mobile: _____

Name: _____ Phone: _____

Address: _____ Mobile: _____

DEMOLITION CONTRACTOR:

Name: _____ Phone: _____

Address: _____ Mobile: _____

Demolition Contractors Licence No: _____

DETAILS OF APPLICANT:

Name: _____

Address: _____

Email address: _____

Phone: _____ Fax: _____ Mobile: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

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