

Application to Retain Works Constructed Without a Building Permit

To the Municipal Building Surveyor



1. APPLICANT DETAILS – The person you want council to communicate with about the application.

Name: _____

Organisation: _____ ACN/ARBN: _____

Postal Address: _____

Town: _____ Postcode: _____

Contact Phone: _____

Email: _____

2. OWNER DETAILS – if different from applicant

Name: _____

Organisation: _____ ACN/ARBN: _____

Postal Address: _____

Town: _____ Postcode: _____

Contact Phone: _____

Email: _____

3. THE PROPERTY (as shown on the title)

Street Address: _____

Town: _____ Postcode: _____

Lot Number: _____ Plan Number: _____

Volume Number: _____ Folio Number: _____

Crown Allotment: _____ Parish: _____ County: _____

4. BUILDER DETAILS (if known and engaged in construction of the illegal & completed work)

Name: _____

Business: _____

Postal Address: _____

Email Address: _____

Registration No: _____ Telephone: _____

5. BUILDING PRACTITIONERS AND/OR ARCHITECTS (to be engaged in the Building Work)

Name: _____

Registration: _____ Category: _____

Name: _____

Registration No: _____ Category: _____

(if registered domestic builder carrying out domestic building work attach details of the required insurance)

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6. NATURE OF BUILDING WORKS

Existing Use of Building:			
Change of use:	<input type="checkbox"/>	Alteration:	<input type="checkbox"/>
Demolition:	<input type="checkbox"/>	Extension:	<input type="checkbox"/>
New Building:	<input type="checkbox"/>	Swimming Pool:	<input type="checkbox"/>
Re erection:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Floor Area m ² :			
Residential:	<input type="checkbox"/>	Commercial:	<input type="checkbox"/>
I carried out the Works as an Owner Builder			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a contract for the building work? If yes, state the contract price Yes <input type="checkbox"/> No <input type="checkbox"/>			\$
If no, state the estimated cost of the building work (Inc. cost of labour and materials):			\$

7. DISCLAIMER - This form must be signed

I declare that the above information is true and correct

Signature: _____

Date: / /

Name

Printed: _____

CONTACT US

PLEASE EMAIL YOUR APPLICATION TO: shire@campaspe.vic.gov.au

**Cnr Hare & Heygarth Streets
ECHUCA VIC 3564**

**Tel: 1300 666 535
Web: www.campaspe.vic.gov.au**

An invoice will be forwarded for payment online.