

Building Permit Application

Form 1
Building Act 1993



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. VICTORIAN BUILDING AUTHORITY BAMS LEVY

Use the above contact details for payment of BAMS levy building permit: Yes

Levy Payment should be forwarded to:

Name: _____

Organisation: _____

Postal Address: _____

Town: _____ Postcode: _____

Contact Phone: _____

Email: _____

3. OWNER DETAILS – if different from applicant

Name: _____

Organisation: _____ ACN/ARBN: _____

Postal Address: _____

Town: _____ Postcode: _____

Contact Phone: _____

Email: _____

4. THE PROPERTY

Street Address: _____

Town: _____ Postcode: _____

Lot Number: _____ Plan Number: _____

Volume Number: _____ Folio Number: _____

Crown Allotment: _____ Parish: _____ County: _____

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5. OWNER BUILDER

I intend to carry out the works as an owner builder: Yes No

If yes complete the following:

Is a Certificate of consent required from the VBA? Yes No

Certificate of consent number if required:

6. BUILDER DETAILS

Name: _____
Business: _____
Postal Address: _____
Email Address: _____
Registration No: _____ Telephone: _____

7. CIVIL ENGINEER DETAILS

Name: _____
Business: _____
Postal Address: _____
Email Address: _____
Registration No: _____ Telephone: _____

8. ARCHITECT OR DRAFTSPERSON DETAILS

Name: _____
Business: _____
Postal Address: _____
Email Address: _____
Registration No: _____ Telephone: _____

9. DESCRIPTION OF WORKS

Description:			
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"/>
Is there a contract for the building work? If yes, state the contract price:			\$
If no, state the estimated cost of the building work (Inc. cost of labour and materials):			\$

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10. BUILDING CLASS	
1a Dwelling or house:	<input type="checkbox"/>
1b Guest house or B&B:	<input type="checkbox"/>
2 Apartment building or units:	<input type="checkbox"/>
3 Hotel, school, residential aged care facility or motel:	<input type="checkbox"/>
4 Dwelling associated with class 5, 6, 7, 8 or 9 building:	<input type="checkbox"/>
5 Office building:	<input type="checkbox"/>
6 Café or restaurant, food facilities in hotel/motel, hairdresser or barber or a showroom:	<input type="checkbox"/>
7 Carpark, storage warehouse:	<input type="checkbox"/>
8 Factory:	<input type="checkbox"/>
9 Hospital, school or residential care building:	<input type="checkbox"/>
10a Garage, carport, shed or the like:	<input type="checkbox"/>
10b Fence, mast, antenna, retaining wall, free standing pergola (incl pool and pool safety):	<input type="checkbox"/>

11. MATERIALS		
Floor	Tiles or Pavers:	<input type="checkbox"/>
	Concrete/Stone/Rock:	<input type="checkbox"/>
	Earth:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
	Not applicable:	<input type="checkbox"/>
Frame	Concrete/Stone/Rock:	<input type="checkbox"/>
	Fibre Cement:	<input type="checkbox"/>
	Timber:	<input type="checkbox"/>
	Steel:	<input type="checkbox"/>
	Aluminium:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
	Not applicable:	<input type="checkbox"/>
External Walls	Tiles:	<input type="checkbox"/>
	Double Brick:	<input type="checkbox"/>
	Brick Veneer:	<input type="checkbox"/>
	Concrete/Stone/Rock:	<input type="checkbox"/>
	Fibre Cement:	<input type="checkbox"/>
	Timber:	<input type="checkbox"/>
	Curtain Glass:	<input type="checkbox"/>
	Steel:	<input type="checkbox"/>
	Aluminium:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>
	No applicable:	<input type="checkbox"/>

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Roof	Concrete/Stone/Rock:	<input type="checkbox"/>
	Fibre Cement:	<input type="checkbox"/>
	Timber:	<input type="checkbox"/>
	Curtain Glass:	<input type="checkbox"/>
	Steel	<input type="checkbox"/>

12. DISCLAIMER - This form must be signed

I declare that the above information is true and correct

Signature:

Date:

/ /

Name
Printed:

13. 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.