

Application for Building Certificate

Environmental Planning and Assessment Act 1979, Section 149D (1)

To complete the form, please place a cross in the boxes and fill out the white sections as appropriate. To minimise delay in receiving a decision about your application, please ensure you submit all relevant information.

1. Details of the applicant

The Applicant is (please tick) –

- the owner of the building or the owner's solicitor, architect or agent;
- The purchaser under a contract for sale of property which comprises or includes the building or part or the purchasers solicitor or agent;
- A public authority which has, before making this application served a copy of the application on the owner;
- A lawful occupier of Crown lands which comprise or includes the building or part, being a person to whom, the lands are lawfully contracted to be sold; or
- A person with the consent in writing of the owner of the building or part, or the owners solicitor or agent.

Mr Ms Mrs Dr Other

First name Family name

Flat/street no. Street name

Suburb or town State Postcode

Daytime telephone Fax Mobile

2. Owner Details and Consent (only if applicant is not the owner)

The owner(s) of the land to be certified must sign the application.

If you are not the owner of the land, you must have all the owners sign the application. If the land is Crown land, an authorised officer of the Department of Land and Water Conservation must sign the application.

Mr Ms Mrs Dr Other

First name Family name

Flat/street no. Street name

Suburb or town State Postcode

Daytime telephone Fax Mobile

2. Owner Details and Consent Con't (only if applicant is not the owner)

As the owner(s) of the above property, I/we consent to this application:

Signature

Name

Date

3. Details of the land

Flat/street no.

Street name

Suburb or town

Postcode

Lot no.

Section

DP/MPS no.

Volume/folio

If the land is Crown land:

Lease no.

Type of holding

5. Applicant Signature

The applicant, or the applicant's agent, must sign the application.

Signature

In what capacity are you signing if you are not the applicant

Name, if you are not the applicant

Date

6. OFFICE USE ONLY:

Payment Amount

Receipt Number:

Payment Date:

Assessment Number:

Date of inspection

Inspection Officer:

Building Class:

Information/Comments:

