

REQUEST FOR INSPECTION

Coonamble Shire Council

COUNCIL DETAILS:

ATTENTION: _____

DEPARTMENT: _____

TYPE OF INSPECTION: _____

OWNERS DETAILS:

OWNERS NAME: _____

SITE ADDRESS: _____

PHONE NUMBER: _____ FAX NO: _____

APPLICANT/BUILDERS DETAILS:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NO: _____

LICENSE NO: _____

APPROVAL NUMBERS:

DEVELOPMENT APPLICATION# _____

CONSTRUCTION CERTIFICATE# _____

COMPLYING DEVELOPMENT# _____

ASSESSMENT NUMBER: _____

BUILDING DETAILS:

COMPLETED DEVELOPMENT: _____

SIGNED & DATED: _____