



## Request for Copies of Building Plans

### Application form

**Please note: On submission of this request form, the search fee must be tendered.**

Every effort will be made to obtain the requested plan sets. However, if the plans are not available, the search fee will not be refunded. All plans copied will be printed in black and white only.

### Address of Property for Search

House No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Suburb: \_\_\_\_\_

Street: \_\_\_\_\_

Please indicate which Building Plans you wish to be copied:

- |   |   |                                  |                                |
|---|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> House            | <input type="checkbox"/> Swimming Pool  | <input type="checkbox"/> Gazebo  | <input type="checkbox"/> Patio |
| <input type="checkbox"/> Additions        | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Pergola | <input type="checkbox"/> Shed  |
| <input type="checkbox"/> Garage / Carport | <input type="checkbox"/> Other _____    |                                  |                                |

### Property Owner's Details

**(Note: The property owner must complete the following section)**

Name / Company Name \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner's signature authorises nominated applicant to obtain copies of plans.**

Signature of Property Owner: \_\_\_\_\_



**Applicant Details**

Name/Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Generally a request will be processed by Council within four (4) working days.

**Please circle your preference below:**

I would like the plans POSTED or EMAILED or COLLECTED

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Office Use Only**

Received:

Search Fees Paid: YES / NO

Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Building Licenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Processed: \_\_\_\_\_

Email  
Collect  
Post