

HEALTH / BUILDING SERVICES

Request for Plans / Information / Certificates

Contact

Name:	
Postal address:	
	Postcode:
Email:	Phone:
Address of property:	
Property no (from rates notice):	
Approximate date of building construction:	

Information required

Floor Plans	Elevations
Site Plan	Certificate of Occupancy
Building Permit	Building Notice
Building Works Direction	Certificate of Final Inspection
Wastewater Treatment Plan	Other

Signature

Signature:

Date:

Please supply proof of ownership with application

PLEASE NOTE THAT COUNCIL ACCEPTS NO RESPONSIBILITY FOR ANY BREACH OF COPYRIGHT LAW THAT MIGHT ARISE FROM YOUR REQUEST AS OUTLINED ABOVE

Fee

A non-refundable search, retrieval and copy fee (includes GST) is payable with this application. Please contact Council on (03) 5755 0555 to discuss prior to lodging this form.

Payment

Please charge my: Mastercard VISA

Card number

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Total Amount \$ Expiry Date: /

Signature:

Date:

Lodgement**Email:** info@alpineshire.vic.gov.au**Post:** Alpine Shire Council, PO Box 139, Bright VIC 3741**In Person:** Alpine Shire Council Office, 2 Churchill Ave, Bright VIC

Office Use Only

Fee received:

Fee:

Date lodged:

Receipt No:

Privacy notification

Council will ensure that any personal information provided by you is managed in accordance with the requirements of the *Privacy and Data Protection Act 2014*. If you fail to provide contact details your application will not be considered.