

FORM 1

APPLICATION FOR A BUILDING PERMIT

Building Act 1993
Regulations 2018
Regulation 24



To: **Municipal Building Surveyor**

From:

Owner* / Agent of Owner* (Delete*) _____ ACN* / ARBN* _____

Postal Address of applicant _____ P/Code _____

Address for serving or giving documents _____ P/Code _____

Email _____

Indicate if the applicant is a lessee or licensee of Crown

land to which this application applies:

tick if applicable

Contact person _____ Phone _____

Lessee responsible for building work

Indicate if a lessee of the building, of which parts are leased by different persons,

is responsible for the alterations to a part of the building leased by that lessee:

tick if applicable

Contact person _____ Phone _____

Email _____

*Ownership details (if applicant is agent of owner)

Name of Owner _____ ACN* / ARBN* _____

Email _____ Contact Person _____ Phone _____

Postal Address _____ P/Code _____

Property Details

No. _____ St /Rd _____ Suburb _____ P/Code _____

Lot/s _____ LP/PS _____ Volume _____ Folio _____

Crown Allotment _____ Section _____ Parish _____ County _____

Municipal District **Monash City Council** Allotment Area (new dwellings only) _____ m²

Land owned by the Crown or a public authority: tick if applicable

Builder (if known) Name _____ Phone _____

Postal Address _____ P/Code _____

Email _____

Building practitioners and/or architect

(a) to be engaged in the building work

Name	Category/Class	Registration No.
_____	_____	_____

Name	Category/Class	Registration No.
_____	_____	_____

(If a registered domestic builder carrying out domestic building work, attach details of the required insurance)

(b) who were engaged to prepare documents forming part of the application for this permit.

Name	Category/Class	Registration No.
_____	_____	_____

Name	Category/Class	Registration No.
_____	_____	_____

Nature of Building Work (tick if applicable or give other description)

- | | | |
|---|---|---|
| <input type="checkbox"/> Construction of a new building | <input type="checkbox"/> Alterations to an existing building | <input type="checkbox"/> Extension to an existing building |
| <input type="checkbox"/> Demolition of a building | <input type="checkbox"/> Removal of a building | <input type="checkbox"/> Change of use of an existing building |
| <input type="checkbox"/> Re-erection of a building | <input type="checkbox"/> Construction of swimming pool or spa | <input type="checkbox"/> Construction of swimming pool or spa barrier |
| <input type="checkbox"/> Other _____ | | |

Proposed use of building _____

Owner Builder

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

Cost of Building Work

Is there a contract for the building work? Yes No If **Yes**, state the contract price \$ _____

If **No**, state the estimated cost of the building work (including the cost of labour and materials) and attach details of the method of estimation \$ _____

Stage of Building Work (if application is to permit a stage of the work)

Extent of Stage _____ Cost of building work for this stage \$ _____

Signature of applicant _____

Print Name _____ Date _____

Please Note: This application will not be allocated for processing unless all fees have been paid.

SUBJECT PROPERTY ADDRESS:

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PAYMENT OPTIONS:

In Person at:

293 Springvale Road or
Glen Waverley

Mail – Credit Card/Cheque/Money Order:

PO Box 1
GLEN WAVERLEY VIC 3150

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