
HEALTH/BUILDING SERVICES

Request for Plans / Information / Certificates

Name: _____

(information will only be given to current owner or with owners written consent)

Postal Address: _____

Email: _____

Telephone: _____

Address of Property: _____

Property No: (from rates notice) _____

Approximate date of building construction: _____

Information required:

- | | | | |
|---------------------------|--------------------------|---------------------------------|--------------------------|
| Floor Plans | <input type="checkbox"/> | Elevations | <input type="checkbox"/> |
| Site Plan | <input type="checkbox"/> | Certificate of Occupancy | <input type="checkbox"/> |
| Building Permit | <input type="checkbox"/> | Building Notice | <input type="checkbox"/> |
| Building Works Direction | <input type="checkbox"/> | Certificate of Final Inspection | <input type="checkbox"/> |
| Wastewater treatment plan | <input type="checkbox"/> | Other | <input type="checkbox"/> |

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

Non refundable: Search, retrieval and copy fee (includes GST) payable with this application

OFFICE USE ONLY:

FEE RECEIVED.....RECEIPT NO:.....DATE:.....