

BUILDING PERMIT APPLICATION

Building Act 1993, Building Regulations 2006
Regulation 301 Form 1

checkpoint
building surveyors

PROPERTY DETAILS

NO.	STREET/ROAD	CITY/SUBURB	POSTCODE
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MUNICIPAL DISTRICT

NEW BUILDING FLOOR AREA

ALLOTMENT AREA

CITY OF

m²

m²

APPLICANT (OWNER OR PERSON AUTHORISED BY THE OWNER TO ACT AS THEIR AGENT)

NAME	TELEPHONE
POSTAL ADDRESS	FACSIMILE
CONTACT PERSON	MOBILE

NAME AND ADDRESS FOR SERVING AND GIVING OF DOCUMENTS

NAME	TELEPHONE
POSTAL ADDRESS	FACSIMILE
CONTACT PERSON	MOBILE

OWNER (ONLY IF AGENT OF OWNER LISTED ABOVE)

NAME	TELEPHONE
POSTAL ADDRESS	FACSIMILE
CONTACT PERSON	MOBILE

BUILDER

NAME	TELEPHONE
POSTAL ADDRESS	FACSIMILE
CONTACT PERSON	MOBILE

BUILDING PRACTITIONERS AND / OR ARCHITECTS - TO BE ENGAGED IN THE BUILDING WORK

NAME	CATEGORY/CLASS	REGISTRATION NO.
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BUILDING PRACTITIONERS AND / OR ARCHITECTS - ENGAGED TO PREPARE DOCUMENTS

NAME	CATEGORY/CLASS	REGISTRATION NO.
NAME	CATEGORY/CLASS	REGISTRATION NO.

NATURE OF BUILDING WORK

(TICK IF APPLICABLE OR GIVE OTHER DESCRIPTION)

CONSTRUCTION OF A NEW BUILDING	<input type="checkbox"/>
REMOVAL OF A BUILDING	<input type="checkbox"/>
CHANGE OF USE OF AN EXISTING BUILDING	<input type="checkbox"/>
ALTERATIONS TO AN EXISTING BUILDING	<input type="checkbox"/>
EXTENSION TO AN EXISTING BUILDING	<input type="checkbox"/>
RE-ERECTION OF A BUILDING	<input type="checkbox"/>
DEMOLITION OF A BUILDING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

BUILDER

IF A DOMESTIC BUILDER IS TO CARRY OUT THE PROPOSED BUILDING WORK, PLEASE ATTACH A COPY OF THE DOMESTIC WARRANTY INSURANCE

OR

**I INTEND TO CARRY OUT THE WORK AS AN OWNER BUILDER:
YES / NO**

IF AN OWNER-BUILDER IS TO CARRY OUT THE PROPOSED BUILDING WORK AND THE VALUE OF THE BUILDING WORK EXCEEDS \$12,000, PLEASE PROVIDE THE FOLLOWING:

1. THE CERTIFICATE OF CONSENT FROM THE BUILDING PRACTITIONERS BOARD THAT ENABLES AN OWNER-BUILDER TO OBTAIN A BUILDING PERMIT; AND
2. THE NAMES OF THE REGISTERED BUILDING PRACTITIONERS (TRADE CONTRACTORS) FOR WORKS OVER \$5,000 AND THE DOMESTIC WARRANTY INSURANCE FOR WORKS OVER \$12,000.

INTENDED USE OF THE BUILDING

DESCRIPTION

BCA

CLASS

VALUE OF BUILDING WORK

\$
ESTIMATED OR CONTRACT SUM

STAGE OF WORK

EXTENT OF STAGE

SIGNATURE

AGENT / OWNER (CROSS OUT WHICH ONE IS NOT APPLICABLE)

DATE

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APPOINTMENT DECLARATION

WITH THE SIGNING OF THIS APPLICATION FORM (FORM 1), I HEREBY DECLARE THAT -

1. AS THE OWNER / AGENT OF OWNER, FOR THE PURPOSE OF THE BUILDING APPLICATION, I APPOINT **BILL ROMANOVSKI, CLEM GIAMBATTISTA OR GAVIN CASEY OF CHECKPOINT BUILDING SURVEYORS**, AS THE RELEVANT BUILDING SURVEYOR (RBS);
2. THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND THAT NO BUILDING WORKS HAVE COMMENCED FOR THE PROPOSED APPLICATION;
3. NO PRIOR APPLICATION FOR BUILDING PERMIT FOR THE ABOVE-MENTIONED BUILDING WORKS HAS BEEN LODGED WITH ANOTHER BUILDING SURVEYOR; AND
4. THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A PERIOD OF SIX (6) MONTHS. IF THE REQUEST FOR ADDITIONAL INFORMATION HAS NOT BEEN ADDRESSED WITHIN THIS TIME FRAME, THE APPLICATION WILL BE DEEMED TO HAVE LAPSED. A FEE WILL APPLY FOR THE WORKS COMPLETED TO DATE OR FOR THE RE-INSTATEMENT OF THE APPLICATION.

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