

Please print clearly in BLOCK LETTERS with a black pen. Please tick  the appropriate boxes. DA No.   .

**Applicant's details**

**Your name** Full name

**Postal address**  Street or PO

Town/Locality  Postcode

**Daytime contact details** Phone  Fax

Mobile  Email

**Building details** **Where the approval will apply**

**Property** Lot(s)/Portion  DP/Section

No. and Street

Town/Locality  Postcode

**Describe the building**

**Is approval required for ...**  the whole building  part of the building

**Is a survey of the building ...**  included  not included with this application

**Approximate floor area of the building or part**  sqm *Not applicable for Class 1 or Class 10 buildings*

**Contact for access** Full name  Phone

**Name of owner** if different to above Full name  Phone

**Declaration** **To be signed by both the applicant and the owner or representative.**

**Are you the ...?**  Owner of the building or part  person having the owner's consent  owner's solicitor

owner's agent  Purchaser under a contract of sale of property OR purchaser's agent  public authority acting on behalf of the owner

**Signature of applicant(s)**  Date  /  /

The owner or owners agent or solicitor MUST provide written consent.

Name of owner/ owner's agent or solicitor


Address of name above

I,  of  consent to the making of this application.

**Signature of owner(s)/ owner's solicitor or agent** (circle applicable)  Date  /  /

This signature authorises Council staff to make inspections relating to this certificate.

**OFFICE USE ONLY**



<input type="checkbox"/> Up to 200 sqm \$250 <input type="checkbox"/> 201 sqm to 2000 sqm \$250 ⊕ additional sqm over 200 \$0.50 ⊗ No. metres <b>over 200</b> <input type="text"/> sqm <input type="checkbox"/> Exceeding 2000 sqm \$1,165 ⊕ additional sqm over 2000 \$0.075 ⊗ No. metres <b>over 2000</b> <input type="text"/> sqm	Receipt No. <input type="text"/> Receipt date <input type="text"/> CS staff <input type="text"/> Code <b>2056</b> Fee \$ <input type="text"/> Additional \$ <input type="text"/> <b>TOTAL</b> \$ <input type="text"/>
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