

Building Licence Application Form

Please Note: If the owner's Name and Address is not to be made available to agencies other than Statutory Authorities, please INDICATE with an "X"

BUILDING SITE ADDRESS

Lot No: _____ House No: _____ Street: _____
Suburb: _____ Postcode: _____

ARE THERE ANY EASEMENTS OR RESTRICTIONS ON THIS PROPERTY?

NO YES (Please Specify) _____

Area of Building _____ m² No. of Stories _____ Value of construction works or contract value (inc. GST) \$ _____

PLEASE INDICATE THE TYPE OF BUILDING OR STRUCTURE PROPOSED:

- | | | | |
|---------------------------------------------|----------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Carport | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Grouped Dwellings | <input type="checkbox"/> Garage | <input type="checkbox"/> Outbuilding | <input type="checkbox"/> Fitout |
| <input type="checkbox"/> Multiple Dwellings | <input type="checkbox"/> Patio | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Office |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Pergola | <input type="checkbox"/> Spa | <input type="checkbox"/> Factory |
| <input type="checkbox"/> Add/Accommodation | <input type="checkbox"/> Shop | <input type="checkbox"/> Other (Specify) _____ | |

PLEASE INDICATE THE TYPE OF MATERIALS TO BE USED:

- | ROOF | FLOOR | WALLS |
|----------------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tiles | <input type="checkbox"/> Timber | <input type="checkbox"/> Double Brick |
| <input type="checkbox"/> Steel Sheeting | <input type="checkbox"/> Concrete | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Fibreglass Sheeting | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ |

OWNERS NAME _____ Phone No: _____

Address _____ Postcode _____

BUILDER'S NAME _____ Reg.No: _____

Address _____ Postcode _____

Phone No: _____ Fax No: _____ E Mail _____

" I acknowledge the City may need to copy the plans lodged in order to assess the application and by signing this form I consent to the City copying the plans in order to obtain comments from other agencies or from within the City, to display them for public comment, and for other purposes reasonably necessary to assess and determine the application."

APPLICANT _____ Signature _____

Name in block letters

DATE _____

23 Dundobar Road, Wanneroo WA 6065 • Locked Bag 1, Wanneroo WA 6946

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Website www.wanneroo.wa.gov.au