

FORM 1

APPLICATION FOR A BUILDING PERMIT

Building Act 1993
Building 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 of 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: _____

Postal Address _____ P/Code _____

Contact Person _____ Phone: _____

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 _____ Email _____

Postal Address _____ P/Code _____ Phone: _____

Building practitioners and/or architect

(a) to be engaged in the **building work**

Name	Category/Class	RegistrationNo.
_____	_____	_____
_____	_____	_____

(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

- Construction of a new building Alterations to an existing building Extension to an existing building
- Demolition of a building Removal of a building Change of use of an existing building
- Re-erection of a building
- Construction of swimming pool or spa Construction of swimming pool or spa barrier Other

Proposed use of building _____ * Tick if applicable or give other description

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 work for this stage \$ _____

Signature of applicant _____ Date _____

Print Name _____

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:	or	Mail – Cheque/Money Order:	or	Email – Credit Card:
293 Springvale Road		PO Box 1		mail@monash.vic.gov.au
Glen Waverley		GLEN WAVERLEY VIC 3150		

I authorise the City of Monash to charge my Credit Card for the Building Permit Application to:

MASTERCARD VISA AMERICAN EXPRESS EXPIRY: /

NUMBER:

NAME ON CARD: _____ Signature: _____

Phone _____ Total Amount: \$ _____

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