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| Building Services-RGB.JPG |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au |

Report and Consent on Proposed Demolition $91.40

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant name: | |  | | | | | |
| Building Surveyor Registration Number (if applicable): | | | | |  | | |
| Postal address: | | |  | | | | |
| Telephone: |  | | | | | Email: |  |
| Property address: | |  | | | | | |
| Proposed work: | |  | | | | | |
| Building permit application reference number: | | | |  | | | |

Consent

The consent of the relevant responsible authority is required because the proposed demolition meets the:

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| --- | --- | --- |
| 50 per cent volume test under Section 29A (1)(a) of the Act: | | Yes  No |
| façade test under Section 29A(1)(b) of the Act: | | Yes  No |
| Relevant Planning Permit number (if applicable): |  | |

The following documents must be submitted with this form:

* Building permit application and two copies of drawings to a scale of not less than 1:100 showing:
* an outline and description of the building or part of the building to be demolished or removed;
* an allotment plan showing the location of the building in relation to the boundaries of the allotment and adjoining buildings; other buildings on the allotment; streets, footpaths or crossings adjoining the allotment;
* photographs to assist Council in identifying the nature of the proposed demolition work.

Council officers will inspect all properties and take photographs of the building to be demolished or partly demolished.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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| Office Use Only | | | | |
|  | Receipt no: |  | Date: |  |
| Received by: |  | Paid: | $ |

Payment options

**In person**: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

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| Mastercard |  | | | | | | | | | Visa | | | |  | | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: $ | | | | | | | | | | | | | | | | | | |  | | | | | |
| Name on card: | |  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | | |  |  |  | |  |  | |  | |  | |  |  |  |  | |  |  |  |  |  | |
| Expiry date (xx/xx): | | |  | | | | Signature: | | | | |  | | | | | | | | | | | | |