



Application for Adjoining Property Owner's Details

\$88

Part 7, Building Regulations 2018

Applicant details

Full name/s: _____
Company: _____
Postal address: _____
Phone: _____
Email: _____

Subject Property address: _____

Note: If the Applicant is not the owner, written proof of authorisation to act on behalf of the owner is required.

Adjoining property address(es):

1.	_____
2.	_____
3.	_____
4.	_____

Supporting documentation:

Section 80 Notification sent to Council?

Yes ☐

No ☐

Note: If above answer is no this application cannot be processed.

Applicant declaration

Person's name: _____

Date: _____

Person's signature: _____

I/we declare that the contact details for adjoining properties will be used solely to facilitate the service of protection works notices under Part 7 of the Building Regulations 2018. The contact details will not be retained, copied or disseminated for unrelated purposes and will be kept secure.

Privacy Collection Notice

Macedon Ranges Shire Council is committed to protecting your privacy. The personal information you provide on this form is being collected for the primary purpose of Application for Adjoining Property Owner's Details. Where required, the personal information being collected will be provided to Macedon Ranges Shire Council staff to enable them to process your application. Your personal

information will not be disclosed to any external party without your consent, unless required or authorised by law. If you wish to gain access to, or alter any personal information you have supplied on this application, please contact us on 03 5422 0333. You can access Council's Privacy Policy at mrsc.vic.gov.au.

Payment options

- **In person:** present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our customer service centres.
- **Online:** pay by Visa or Mastercard on Council's website, **mrsc.vic.gov.au**
- **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

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: _____