

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au

## **Building Property Information Request Form**

\$50.70

The fee applies	to each sub Re	gulation fo	or which ir	nformation	is re	ques	ted.							
Applicants Na	me:													
Postal address	S:													
Phone:		Email:												
Contact perso	Registered owner:													
I hereby reques	t information on	the follow	ving prope	rty:										
No:	S	treet/road	:											
Town:				Lot:				LP	/PS:					
CA:	Sec	D:	Pa	 arish/town:	ship:			_						
I have attached a copy of the Title and/or subdivision details. I understand that failure to do so may result in a delay in processing the request.														
Regulation	Information re	quested												Tick
51 (1)	Details of any Building Permits, Occupancy Permits or Certificates of Final Inspection issued in the preceding 10 years.													
	Details of any Regulation 23 Details of any	1(2).			unde	r Re	gulati	on 6	4(1)	or ex	emp	tion (	under	
51 (2)	Information on whether the property is:													
	<ul> <li>liable to flooding within the meaning of Regulation 5(2),</li> <li>designated under Regulation 150 as an area in which buildings are likely to be subject to infestation by termites,</li> <li>a property for which a bushfire attack level has been specified in a planning scheme.</li> <li>in an area determined under Regulation 152 to be likely to be subject to significant snowfalls,</li> <li>designated land or designated works under Part 10 of the Water Act 1989.</li> </ul>													
51 (3)	Inspection approval dates of the mandatory notification stages for building work (only available if requested by the owner, mortgagee or building practitioner reporting on Section 137B of the Building Act 1993)													
Signature Applicant: Date:									•					
Payment op	tions													
In person: presour Service Cer	sent this form ar	nd paymer	nt (cash, c	heque/mo	ney c	order	, EFT	POS	or o	redit	card	d) at o	one of	
By Mail: cheque payment author														
Credit card pag	yment authoris	ation												
Mastercard				Visa	a [									
I authorise yo	ou to charge the	following	amount to	my credi	t card	l: \$								
Name on car	d:									1	•			
Credit card number:														
Expiry date (xx/xx):			Signature:											

Barcode for Office Use Only

