|  |
| --- |
| Building Services-RGB.JPG |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – E mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au |

Application for a Building Permit

Form 1 Building Act 1993 Building Regulations 2018 Regulation 24

To: Municipal Building Surveyor, Macedon Ranges Shire Council

From: Applicant

|  |  |
| --- | --- |
| Owner/Agent of Owner: |       |
| ACN/ARBN: |       |
| Postal address: |       |
| Postcode: |       |
| Address for serving documents: |  |
| (If different from postal address) |
| Contact person: |       |
| Telephone: |       |
| Email: |       |
| Is the applicant a lessee or licensee of Crown land to which this application applies? | [ ]  Yes [ ]  No |
| **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 the lessee. | [ ]  Yes [ ]  No |

Ownership details (only if agent of owner is listed above)

|  |  |
| --- | --- |
| Owner/Agent of Owner: |       |
| Postal address: |       |
| ACN/ARBN: |       |
| Postcode: |       |
| Contact person: |       |
| Telephone: |       |
| Email: |       |

Property details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number: |       | Street: |       | Town: |       |
| Lot/s: |       | LP/PS: |       | Volume: |       |
| Folio: |       | CA: |       | Section: |  |
| Parish: |       | County: |       | Postcode: |       |
| Municipal District | Macedon Ranges Shire |
| Allotment Area (for new dwellings only) |  |

Is the land owned by the Crown or a public authority?

[ ]  Yes

[ ]  No

**Owner-builder**

I intend to carry out the work as an owner-builder.

[ ]  Yes

[ ]  No

If applying as an Owner-builder for domestic building work a certificate of consent as an Owner-builder is required from the Victorian Building Authority.

If not applying as an Owner-builder, you must provide the relevant Builders Registration details.

**Builders Details (if known)**

|  |  |
| --- | --- |
| Name: |       |
| Postal address: |       |
| Postcode: |       |
| Contact person: |       |
| Telephone: |       |
| Email: |       |

**Building Practitioners and/or architects:**

a) to be engaged in the building work:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Category/Class: |       | Registration No: |       |

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: |       |

If a registered domestic builder is carrying out domestic building work over $16,000, attach a copy of the required insurance must be provided.

**Nature of building work:**

[ ]  Construction of a new building

[ ]  Re-erection of a building

[ ]  Removal of a building

[ ]  Demolition of a building

[ ]  Alterations to a building

[ ]  Change of use of an existing building

[ ]  Extension to an existing building

[ ]  Construction of a swimming pool or spa

[ ]  Construction of a safety barrier to a swimming pool or spa

|  |  |
| --- | --- |
|  [ ]  Other (specify) |       |

|  |  |
| --- | --- |
| Proposed use of building |       |

**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 building work (including the cost of labour and materials) and attach details of the method of estimation: |       |

**Stage of building work:**

If this application is to permit a stage of the work-

|  |  |
| --- | --- |
| Extent of stage: |       |
| Cost of work for this stage: |       |
| Signature of applicant: |  | Date: |  |

|  |  |  |
| --- | --- | --- |
| Office Use Only | Receipt no: | Date: |
| BP Fee $ | Levy $ | Lodgement $ |

**Privacy**

Macedon Ranges Shire Council will only collect information from you with your knowledge and consent. Council will use personal information provided by you for the purposes for which it was collected. Personal information you provide to Council is protected by the Privacy and Data Protection Act 2014. Council will not disclose your personal information to a third party unless required by law.

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |       |