

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

Report and Consent for	Proposed Demolit	ion (s29 <i>A</i>	()	\$93.90	
Applicant name:					
Building Surveyor Registration Number	er (if applicable):				
Postal address:					
Telephone:		Email:			
Property address:					
Proposed work:					
Building permit application reference r	number:				
The consent of the relevant responsib	ole authority is required beca	ause the prop	osed den	nolition meets the:	
50 per cent volume test under Sect	ion 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/information Where insufficient information has been been sufficient information has been been sufficient information has been been sufficient information.					
☐ Copy of title					
☐ Plan of subdivision or title pla	ıbdivision or title plan				
A clear and accurate descrip	tion of the demolition work				
 Architectural site plan, floor protection notated showing the extent continuous endorsed plans forming part 	of the demolition work which	are up-ťo-da	ate and c	onsistent with the	
☐ Photographs of the building	phs of the building or part of the building that is proposed to be demolished				
☐ Section 80 (notification of ap	pointment) from the relevar	nt building sur	veyor, if o	one has been appointed	
Please note that Council officers may	need to inspect the propert	y.			
Signature: Date:					
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. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Privacy

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