



# APPLICATION FOR A BUILDING PERMIT

**To:** The Municipal Building Surveyor**From Applicant** (to whom the permit is to be issued to)

Owner / Agent of Owner		ACN / ARBN	
Postal Address of Applicant			
Township of Applicant		Postcode	
Email of Applicant		Phone/Mobile	

Address for serving or giving of documents

Postal Address			
Township		Postcode	
Contact Person		Phone/Mobile	
Email			

Indicate if the applicant is a lessee of Crown Land to which this application applies (tick only if applicable)

Contact Person		Phone	
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Indicate if a lessee of the building, of which parts are leased by different persons, is responsible for the alterations to a part of a building leased by that lessee (tick only if applicable)

**Ownership Details** (if applicant is agent of owner)

Name of owner(s)		ACN / ARBN	
Postal Address			
Township		Postcode	
Contact person		Phone/Mobile	
Email			

**Property Details** (include title details as and if applicable)

Street Number		Street			
Township/Locality				Postcode	
Lot/s/CA		LP/PS/Sec		Volume	Folio
Parish		County		Municipal District	Ararat Rural City Council
Allotment Area (for new dwellings only) m <sup>2</sup>		Land Owned by the Crown or a Public Authority (please tick)			

**Builders Details**

Builders Name		ACN / ARBN	
Postal Address			Postcode
Phone/Mobile		Email	Building Practitioner Registration No.

(If the builder is carrying out domestic building work under a major domestic building contract, attach an extract of the major domestic building contract showing the names of the parties to the contract in relation to the proposed building work and a copy of the certificate of insurance (if applicable))



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**\*Natural person for service of directions, notices and orders** (if builder is a body corporate)

Name		Telephone/Mobile	
Postal Address		Postcode	

**Building Practitioners' and /or Architects engaged to prepare documents for this permit**

(List any building practitioner or architect engaged to prepare documents forming part of the application for this permit).

Name		Category/Class		Building Practitioner Registration No.	
Name		Category/Class		Building Practitioner Registration No.	

**Nature of building work.** (Tick if applicable or give other description)

Construction of a new building	<input type="checkbox"/>	Alterations to an existing building	<input type="checkbox"/>
Demolition of a building	<input type="checkbox"/>	Removal of a building	<input type="checkbox"/>
Extension to an existing building	<input type="checkbox"/>	Change of use of an existing building	<input type="checkbox"/>
Re-erection of a building	<input type="checkbox"/>	Construction of swimming pool or spa barrier	<input type="checkbox"/>
Construction of swimming pool or spa	<input type="checkbox"/>	Other (give description)	<input type="checkbox"/>

**Proposed Use of Building** (Please insert below)

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**Owner Builder** (if applicable)

I intend to carry out the work as an owner builder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Owner Builder Certificate of Consent no. (if applicable)				

**Cost of building work**

Is there a contract for the building work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, state the contract price	\$			
If no, state the estimated cost of the building work (including the cost of labour and materials) and attach details of the method of estimation.	\$			

**Stage of building work**

If application is to permit a stage of the work -	
Extent of the stage	Cost of work for this stage \$

<b>Signature of applicant</b>		<b>Date</b>	
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