



# APPLICATION FOR A BUILDING PERMIT

Ararat Rural City

Building Act 1993, Building Regulations 2018, Regulation 24

Form 1

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		Postcode	
Email of applicant		Phone/Mobile	

Address for serving or giving of documents

Address		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		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		Alterations to an existing building	
Demolition of a building		Removal of a building	
Extension to an existing building		Change of use of an existing building	
Re-erection of a building		Construction of swimming pool or spa barrier	
Construction of swimming pool or spa		Other (give description)	

## Proposed use of building

## Owner Builder (if applicable)

I intend to carry out the work as an owner builder	Yes	No
Owner Builder Certificate of Consent no. (if applicable)		

## 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 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 \$
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Signature of applicant	Date
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 Telephone: (03) 5355 0200  
 Email: [building@ararat.vic.gov.au](mailto:building@ararat.vic.gov.au)  
 Web: [www.ararat.vic.gov.au](http://www.ararat.vic.gov.au)

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