

# **SHIRE OF COOLGARDIE – APPLICATION FORM**

## **Request for Copy of Building Plans**

Property Details				
Lot House No	Street			
Suburb	Postcode			
Please indicate which building	permits you would like copied			
□ Original House	□ Patio	Swimming Pool/Fence		
□ Additions	□ Retaining wall	□ Pergola/Gazebo		
□ Garage/Carport	□ Shed	□ Warehouse/Factory		
□ Front Fence	□ Office/Shop	□ Other		
Please explain briefly the reason y requesting the search.	/ou are			
(This information will assist with deter this type of search is suitable for your				

Owner's Details Owner's Signature authorises nominated applicant to obtain copies of plans

Name/Company Name:	
Postal Address:	
Email Address:	Phone:
Signature of Owner:	
Applicants Details	
Name/Company Name:	
Postal Address:	



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## **Request for Copy of Building Plans**

Print Options		Delivery Method
□ Digital Copy	Free	Email (sent to applicants email address)
	(price per page)	
🗌 A4 - Colour	\$2.00	Click and Collect:
□ A4 – Black and White	\$0.60	Coolgardie Counter - Sylvester Street, Coolgardie WA 6429
□ A3 – Black and White	\$1.00	🗌 Kambalda Counter - Irish Mulga Drive, Kambalda WA 6442

### **Request for copy of Building Plans**

#### Terms and Conditions

- Every effort will be made to obtain the requested information, however if the information is not available or not of your expected quality the search fee will not be refunded.
- Incomplete forms will be returned to the applicant.
- Proof of Identity (Applicant) will be required when submitting an application. i.e. Drivers Licence, Passport or other agreed identification.

#### **Declaration by Applicant**

I accept the above conditions and I am eligible to make application for access to the building records relating to the building or structures identified in this application.

Tick whichever applies:

 $\Box$  I am the legal owner of the property to which the building records relate to.

☐ I have written consent of the legal owner of the property to which the building records relate. They have signed this form, or I have attached a separate consent document.

Applicant Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_

\_\_\_ Date: \_\_\_\_\_

Signature should match the signature on the supplied proof of Identity