

Building Services

Application for Copy of Plans

Please complete all relevant for a specific property:	t sections of this for	rm and provide o	one (1) of the	following forms of ID to obtain a copy of plans					
☐ Driver's Licence, or	☐ Passport,	or \square	Birth Certific	ate					
Details of Propert	y Requiring Co	opy of Plans	S						
Lot No:			Street No:						
Street Name & Locality:									
Owner Authorisati	on (required)								
Full Name(s):									
Current Residential									
Address:			_						
Contact Phone Number:			Email:						
Signature(s): (written signature/s required)	Owner 1:		Owner 2 (if	f applicable):					
(If the owner is unable to si	gn, please provide pr	oof of the owner	's authorisatio	on to access their plans with this application.)					
Applicant Details									
How would you like to rec	noive your convet	☐ Please ema	ail the plans t	to the email address below.					
How would you like to receive your copy plans?		☐ Please mail plans to the postal address below.							
(Please note: not all plans ca may need to be posted)	n be emailed and		h a shara h a sa s						
		☐ Gingin	□ La	ancelin					
Full Name:									
Email:									
Postal Address:									
What plans are you requesting? (Please refer to the Fees & Charges on our website for relevant fees)		 □ A copy of all plans on file. □ Site Plan, Floor Plan and Elevations for the following structure: 							
Signature: (written signature required)									
By signing above you decla		wner and/or age	nt, or that you	have the owner(s) consent, to view and/or copy					



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Terms & Conditions

- 1. I understand that every effort will be made to obtain plans and I will not hold the Shire of Gingin liable if incorrect information is inadvertently supplied, or the plans are unable to be located.
- 2. I understand that on the occasion where I am the applicant but not the owner of the property, the owner's authorisation is required to proceed with the application.
- 3. I understand that the search and copy process can take up to 5 10 working days depending on the number of plans on the building file.
- 4. I understand that whilst every effort is made to obtain the required plans, the Shire of Gingin cannot guarantee availability or the quality of the plans.

Applicant Name:
Applicant Signature: (written signature required)

FOR CREDIT CARD PAYMENT PLEASE USE AUTHORISATION FORM ON NEXT PAGE

Office Use Only					
Approved?	Yes □	No □		Date:	
Notes:					
BLD File No:		Amo	unt Due:	\$ Receipt N	lo:
Officer Name:					
Officer Signature: (written signature required)					



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Credit Card Payment Authorisation																
Name on Card:																
Card Number:					-					-				-		
Expiry Date:	/						CS'	V:								
Cardholder Signature: (written signature required)																

PLEASE BE ADVISED THESE DETAILS WILL BE DESTROYED ONCE PROCESSED