

Local Government Authority of YILGARN

APPLICATION FOR APPROVAL

Demolition Licence

Sign Licence

Planning Approval

Building Licence

Please tick which approval is being sought and fill in the appropriate section(s) only:

PROPERTY DETAILS:

Lot No. _____ House/Street No: _____ Street Name: _____

Suburb: _____ Number of pre-existing dwellings on lot: _____ Lot area(m²): _____

OWNERS DETAILS:

Name: _____

Address: _____

_____ Postcode: _____

Phone: (work) _____ (home) _____ Fax: _____

Contact Person: _____

Signature(s) _____

Signature(s) _____ Date: _____

The signature of the landowner(s) is required for Planning Approval. This application will not proceed without that signature.
Please Note: If the owner's name & address is not to be made available to agencies other than Statutory Authorities indicate with an "X"

APPLICANT DETAILS:

Name: _____

Address: _____

_____ Postcode: _____

Contact Name: _____

Signature: _____ Date: _____

DEMOLITION LICENCE:

Type of Building/Structure: _____ No of Storeys: _____

Rat Bait Certificate Issued Yes No Type/Date Laid: _____

Whole or Part Demolition – Details: _____

_____ No of units demolished: _____

To be completed by demolition contractor: Name: _____

Address: _____

Phone: _____ Fax: _____ Signature: _____

Some Councils may require additional information

SIGN LICENCE:

Type of Sign: _____

Position: _____

Dimensions: _____ Materials: _____

Illumination – Internal/External: _____

Wording/Illustration (Plan/Design attached): _____

Some Councils may require additional information

PLANNING APPROVAL:

Existing Building/Land Use: _____

Approx. Cost of Development: _____ Est. Date of Completion: _____

Description of Development/Proposed Use: _____

BUILDING LICENCE:

Type of Work: 1 New Buildings; number of storeys _____

2 Alternatives & Alterations; please describe _____

3 Refurbishment; please describe _____

5 Relocation; please describe _____

Outbuildings; please describe _____

Type of Building: House _____ Other Residential Building: Number of Dwelling Units _____

11 Single House Grouped Dwelling, Terrace House or Townhouse

12 Kit House Flat, Unit or Apartment in Building

19 Transportable Other, please describe _____

Non-Residential Building please describe _____

Type of Materials: Walls 11 Double Brick
 Other, specify _____

Roof 10 Tiles
 Other, specify _____

Floor 20 Concrete
 Other, specify _____

Frame Please specify _____

To be completed by builder: Name: _____

Address: _____

Registration No. _____ Phone: _____ Fax: _____

Building Details: Area (m²) _____ Outbuildings Area (m²) _____

Contract Value \$ _____ Building Height: _____ Signature: _____

OFFICE USE ONLY

date:

PLANNING FEES		Receipt No	BUILDING FEES (Cont'd)		Receipt No
Application Fee	\$		Crossover Fee	\$	
Amended Plan Fee	\$		Amended Plan Fee	\$	
BUILDING FEES			Miscellaneous / BRB Fee	\$	
Building Fee	\$		Demolition Fee	\$	
BCITF Levy	\$		Security Deposit	\$	
Security Deposit	\$		Sign Fee	\$	

TOTAL

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TOTAL

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Accepting Officer's Initials: _____ Date Received: _____ Council Ref No: _____

Collector District: _____ Checking Inspector: _____

Permit/Licence No: _____ Approval Date: _____

Home Insurance Certificate No: _____ Owner/Builder Licence No: _____

Building Classification: _____ Classification Certificate Required/Issued: _____
