

SHIRE OF COOROW BUILDING APPLICATION

APPLICATION No

FILE No

PROPERTY ADDRESS

Lot/Loc: _____
 Street No: _____
 Street/Road: _____
 Locality: _____

BUILDING WORK DETAILS

Additions / Alterations / New Building
(strike out non-applicable words)

TO: _____
(eg House, Factory, Warehouse, Shop, Garage, Patio, Swimming Pool, Retaining Wall, Fence etc)

FLOOR AREA: _____

FLOOR MATERIAL: _____
(Concrete / Steel-Timber / Timber – Timber)

WALL FRAME: _____
(Steel / Timber / Brick)

WALL CLADDING: _____
(Masonry Veneer / Hard-Plank etc.)

ROOF FRAME: _____
(Timber Truss, / Stick Roof / Steel Frame)

ROOF CLADDING: _____
(Tile / Zincaluime / Colourbond)

FEES AND CHARGES

LICENCE	\$ _____
BRB LEVY	\$ _____
BCITF LEVY	\$ _____
SEPTIC	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

OWNER DETAILS

Name: _____
 Postal Address: _____

SUBURB..... .POST CODE
 Tel: _____ Fax: _____
 Mob: _____
 Email: _____

IF MORE THAN ONE OWNER PLEASE WRITE ON SEPARATE SHEET AND INSERT INTO APPLICATION ENVELOPE

BUILDER DETAILS

(If Owner write Owners in the place provided for the Builder's name)

Name: _____
 Postal Address: _____

SUBURB..... .POST CODE
 Tel: _____ Fax: _____
 Mob: _____
 Email: _____
 Builder's Reg No: _____

OCCUPIER DETAILS

(If Not Owner)

Name: _____
 Postal Address: _____

SUBURB..... .POST CODE
 Tel: _____ Fax: _____
 Mob: _____
 Email: _____

PUT CROSS THROUGH THIS BOX IF OCCUPIER THE SAME AS OWNER

AMT PD	AMT PD
DATE	DATE
RCPT No	RCPT No

TOWN PLANNING APPROVAL

VGO

OFFICE USE ONLY

SHIRE CONTACT DETAILS

POSTAL PO BOX 238
ADDRESS LEEMAN WA 6514
TELEPHONE (08) 9953 1388
MOBILE 0428 521 101
EMAIL leeman@coorow.wa.gov.au

OTHER APPROVALS

WATER CORPORATION APPROVAL In Sewered or Mains Water Areas their approval of the siting of buildings needs to be obtained before works are commenced. For Details Contact them on 131395.

FESA For any commercial work plans are to be submitted to them for assessment of provision of fire services, exits etc.

IT IS THE OWNER'S AND/OR BUILDER'S RESPONSIBILITY TO ENSURE THAT THE ABOVE REQUIREMENTS ARE CARRIED OUT

ESTIMATED VALUE

\$ _____

VALUE OF WORKS IS TO INCLUDE GST, AND MUST REFLECT THE TRUE MARKET VALUE FOR THE WORKS INCLUSIVE OF LABOUR, MATERIALS, SERVICES, FEES PAYABLE, OVERHEADS AND PROFIT MARGIN.

APPLICANT SIGNATURE

OWNER / BUILDER / OCCUPIER
(STRIKE OUT TERM THAT IS NOT APPLICABLE)

(PRINT NAME OF APPLICANT)

(SIGNATURE OF APPLICANT)

DATE: _____