

APPLICATION FOR LEGAL POINT OF DISCHARGE

APPLICANT DETAILS

Name: _____
 Postal Address: _____
 Contact Number: _____
 Fax Number: _____
 Email: _____

PROPERTY AND DEVELOPMENT DETAILS FOR APPLICATION

House Number:	Lot Number:	
Street Name:	Town / Suburb:	
Planning Permit Number *:	Plan of Subdivision Number *:	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Multi Units (No. Of Units: _____)	
<input type="checkbox"/> Second Dwelling	<input type="checkbox"/> New Garage / Carport	
<input type="checkbox"/> Extension / Alteration	<input type="checkbox"/> Other	
Other Information:		

DOCUMENTS TO ACCOMPANY WITH THIS FORM

<input type="checkbox"/> Copy of Site Plan **	<input type="checkbox"/> Copy of Planning Permit *
<input type="checkbox"/> Copy of Title **	<input type="checkbox"/> Copy of Subdivision Plan *

PAYMENT OPTIONS

Cheque to: **HEPBURN SHIRE COUNCIL** (Chq. Number: _____)

In person: Cnr. Duke Street & Albert Street, Daylesford

Via Mail: P O Box 21, Daylesford, VIC 3460

Credit Card: Card payments can also be made on phone.

CREDIT CARD DETAILS

Credit Card Number: _____ - _____ - _____ - _____ - _____ Expiry: ____ / ____

Name on Card: _____

Signature: _____



We ONLY accept payments made by Visa and Master cards.

TO BE COMPLETED BY APPLICANT

OFFICE USE ONLY

Application Fee: \$ 155.30
 (as per Reg.133 (2) Building regulations 2018, 9.77 Fee units)

Receipt Number: _____

Application is not valid without receipt number.

Official Stamp

- Note:**
- * if applied or issued
 - **must be submitted
 - tick where required
 - Please clearly print details in this form.
 - Result will be sent back to applicant within 7-10 working days from the day application received by Council with all the required documents.

APPLICATION FOR LEGAL POINT OF DISCHARGE

OFFICE USE ONLY

Receipt Number:

House Number:

Lot Number:

Street Name:

Town / Suburb:

File Number:

Property Number:

Legal Point of Discharge is:

Conditions:

Above information is provided by: _____

Signature: _____ Date: _____