

# 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"/> 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.

OFFICE USE ONLY

### Application Fee: \$ 238.20

(as per Section 36 Building Regulations 2018, 14.17 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.

TO BE COMPLETED BY APPLICANT

## 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: \_\_\_\_\_