

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: \$ 146.80 (as per Section 312(3) Building Regulations 2006)

Receipt Number: _____

Application is not valid without receipt number.

Official Stamp

Note:

- *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.*

* if applied or issued **must be submitted tick where required

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: _____