Building Plan Retrieval Request Form



Applicant's deta	iils:														
Full Name:															
Address:															
Contact Number	•														
Email:															
Letter of Author	Letter of Authorisation Attached (If Applicant is not the Owner):														
Property Details	Property Details														
Street Address:															
Suburb:															
Please insert o	or attac	ch copy	of ov	vners a	ınd										
applicant's driver's license:															
Please note	all p	lan r	etrie	vals v	vill t	oe en	naile	d, ui	nless r	eque	sted o	othe	rwise.		
														lans ar	re
I understand the quality of plans is not guaranteed and the Property Search Fee is not refundable if the plans are not suitable or cannot be located. I also acknowledge there is a per page fee for copies issued.															
Signature:										Date:					
Signature.										Date.					
Office Use Only:															
Verification of Id	dentity	(Driver	s Licer	ice Sigh	ted/A	ttache	ed) 🗆 L	icenc	e#:			S	Staff Initia	als:	
		Plans					Staff			Offsite Plans			Yes	7	
Receints.			cated: Initials:					Ordered:				No /			
Payment by Cre	dit or D	ebit <u>Ca</u>	rd												
Cardholders Na											Maste	rCard	I/Visa (CI	RCLE)	
Card Number:															
Expiry Date	-		CVC						ount (0.4			APP	LIES)		
								Residential Plans: \$100.00 Commercial Plans: \$250.00							
Signature:								Date:							