

Application for Bond Assessment Relocation/Resite

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with the *Planning Act 2016*. The personal information collected on this form will be used to administer the Act. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to relevant Government Departments for the purpose of facilitating this application. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Western Downs Regional Council as a Concurrence Agency in accordance with the Planning Act 2016.



Applicant Details

Applicant/s:					
Postal Address:					
Suburb/Town:			Postcode:		
Phone:		(h)	(m)	Email:	



Structure and Property Details

Type of Structure:					
Request Type:		<input type="checkbox"/> Relocation <input type="checkbox"/> Resite Council will require internal access to the structure where a Building Condition Report has <u>not</u> been provided.			
Present Site Address:					
Proposed Site Address:					
Proposed Site Description:		Lot	Plan	Assess. No.	A



Land Owner Details

Land Owner's Name:					
Postal Address:					
Suburb/Town:			Postcode:		
Phone:		(h)	(m)	Email:	

I hereby submit my application for bond assessment. Please find attached the following supporting documentation to accompany my request.

- Application Fee \$ _____ (GST Nil) (266) W21443.3397.104
- Site Plan
- Supporting photographs (existing structure/s for relocation/resite only)
- Elevation plans (proposed site of relocation/resite only - where deemed applicable by Council's Assessing Officer)
- Building Condition Report (Engineer, Building Certifier, Registered Builder)
- Asbestos Identification Report (Licensed Asbestos Assessor)



Owner or Applicant's Signature

I hereby authorise Council Officers to undertake on-site inspections of my property as required in assessing this application.

Name:	Signature:	Date:	/	/
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Office Use Only

Date Received:	Amount Paid:
Received By:	Receipt Number:
Date Inspected:	Authorised Officer: