

6177 Great Northern Highway
PO Box 70 Bindoon WA 6502

9 (08) 9576 4600
chatter@chittering.wa.gov.au
www.chittering.wa.gov.au

APPLICATION FOR COPY OF PLANS SEARCH

To obtain a copy of all plans for structures approved under the *Building Act 2011*, please complete this form and provide relevant ID.

PROPERTY D	DETAILS										
Lot Number		House I	House Number								
Street Name & Loca	lity										
OWNER AUT	HORISATION (R	EQUIRED)									
Name(s)											
Address											
Contact Number											
Signature(s)	Owner 1		Owner 2								
If the owner	er is unable to sign, plea	ase provide proof of the	owner's authorisation to access their plans								
APPLICANT I	DETAILS										
How would you like to receive your copy of plans?			 ☐ Mail the plans to the below address ☐ I will pick the plans up from the Shire ☐ Email me the plans to the below nominated email address 								
Name											
Email Address											
Address for plans to be sent to											
	☐ Driver	's license	□ Passport								
ID Provided	Please provide a scan or a copy of your ID to accompany this application										
 I hereby accept that the fee is non-refundable. I declare that I have the owner(s) consent to view and/or copy plans to the above stated property. I understand that every effort will be made to obtain plans and I will not hold the Shire of Chittering liable in the event that incorrect information is supplied or the plans are unable to be located. I understand that as the applicant I am not the owner of the property, and that owner's authorisation is required. The search and copy process can take up to 5 - 10 working days depending on the amount of plans on the property file. Copies of plans are only held for one (1) month. If plans are not collected during this time and are required, a new application and application fee is applicable. Whilst every effort is made to obtain the required plans, the Shire of Chittering cannot guarantee availability or the quality 											
Applicant Name		Applica	nt Signature								
Office Use:	nt No.	Receipt No.	Cost:								



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Name as shown on the card										Ma	sterCard	VIS	4
Card Number		-			-					-			
Expiry Date			/		Car	d Se	curity	Num	ber				
Signature:													