

FORM 1  
Regulation 24  
Building Act 1993  
Building Regulations 2018

## APPLICATION FOR A BUILDING PERMIT

To (Building Surveyor) **Robert Landman**

**From**  
Owner/Applicant \_\_\_\_\_  
ACN/ARBN \_\_\_\_\_  
Postal Address of applicant \_\_\_\_\_  
Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Address for servicing or giving of documents \_\_\_\_\_  
Postcode \_\_\_\_\_

Indicate if the applicant is a lessee or licensee of Crown land to which this application applies

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

### Lessee responsible for building work

Indicate if a lessee of the building, of which parts are leased by different persons, is responsible for the alterations to a part of the building leased by that lessee

### Ownership Details (if applicant is agent of owner)

Name of owner(s) *[insert full name(s)]* \_\_\_\_\_  
ACN/ARBN \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_

### Property details

Number	Street/Road	City/suburb/town	Postcode
Lot/s	LP/PS	Volume	Folio
Crown allotment	Section	Parish	County
Municipal District	Allotment area (for new dwellings only)		_____ m <sup>2</sup>
Land owned by the Crown or a public authority <input type="checkbox"/>	Area of Building Works		_____ m <sup>2</sup>

### Builder (if known)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
ACN/ARBN \_\_\_\_\_  
Postal Address \_\_\_\_\_

Post Code \_\_\_\_\_  
Email \_\_\_\_\_

**Natural person for service of directions, notices and orders** (if builder is a body corporate)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_

**Building practitioners and/or architect**

(a) to be engaged in the building work<sup>2</sup>

Name	Category/class	Registration no.
_____	_____	_____
Name	Category/class	Registration no.
_____	_____	_____

*If a registered domestic builder carrying out domestic building work, attach details of the required insurance.*

(b) who were engaged to prepare documents forming part of the application for this permit

Name	Category/class	Registration no.
_____	_____	_____
Name	Category/class	Registration no.
_____	_____	_____
Name	Category/class	Registration no.
_____	_____	_____

**VBA Building Permit Levy**

The VBA Building Permit Levy will be paid to the VBA by the nominated party below:

Applicant/ Builder  Owner

**Nature of building work**

Construction of a new building	<input type="checkbox"/>	Alterations to an existing building	<input type="checkbox"/>
Demolition of a building	<input type="checkbox"/>	Removal of a building	<input type="checkbox"/>
Extension to an existing building	<input type="checkbox"/>	Change of use of an existing building	<input type="checkbox"/>
Re-erection of a building	<input type="checkbox"/>	Construction of swimming pool or spa barrier	<input type="checkbox"/>
Construction of swimming pool or spa	<input type="checkbox"/>		
Other [give description]	<input type="checkbox"/>		

Proposed use of building \_\_\_\_\_

**\*Owner Builder**

I intend to carry out the work as an owner builder  Yes  No

**Cost of building work**

Is there a contract for the building work?  Yes  No

If yes, state the contract price \$ \_\_\_\_\_

If no, state the estimated cost of the building work (including the cost of labour and materials) and attach details of the method of estimation \$ \_\_\_\_\_

**Stage of building work**

If this application is to permit a stage of the work

Extent of stage \_\_\_\_\_

Cost of work for this stage \$ \_\_\_\_\_

**Signature**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_