

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – <u>mrsc@mrsc.vic.gov.au</u> – www.mrsc.vic.gov.au

Report and Consent on Proposed Demolition						\$93.90		
Applicant name:								
Building Surveyor Registration N	Number (if ap	plicable):						
Postal address:								
Telephone:				Email:				
Property address:				<del></del>				
Proposed work:								
Building permit application refere	ence number	:						
Consent								
The consent of the relevant resp	onsible auth	ority is req	uired bec	ause the p	roposed de	molition me	eets the:	
50 per cent volume test under Section 29A (1)(a) of the Act:								
façade test under Section 29A(1)(b) of the Act:				☐ Yes ☐ No				
Relevant Planning Permit nur	nber (if appli	cable):						
The following documents must be	e submitted	with this fo	rm:					
<ul> <li>Building permit application are</li> </ul>	nd two copies	s of drawin	gs to a so	ale of not l	ess than 1:	100 showii	ng:	
<ul> <li>an outline and description</li> </ul>	of the buildi	ng or part	of the buil	ding to be	demolished	or remove	ed;	
<ul> <li>an allotment plan showing adjoining buildings; other allotment;</li> <li>photographs to assist Council officers will inspect all demolished.</li> </ul>	buildings on uncil in identi	the allotme fying the n	ent; street ature of th	s, footpath ne propose	s or crossin d demolition ding to be c	igs adjoinir n work. demolished	ng the	
Signature:					Date:			
Office Use Only		T		_	·			
		Receipt	Receipt no:		Date:			
		Receive	Received by:		Paid:	\$		
Payment options In person: present this form and our Service Centres.  By Mail: cheque or money orde payment authorisation below. M	r – payable to	o Macedor	n Ranges	Shire Cour	ncil, or comp	olete Credi		
Credit card payment authorisa	ation							
Mastercard			Visa					
I authorise you to charge th	e following a	mount to m	ny credit d	ard: \$				
Name on card:								
Credit card number:								
Expiry date (xx/xx):	Si	gnature:	1	1 1	<u> </u>	1 1	<u> </u>	