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| --- |
| Building Services-RGB.JPG |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au |

Application for a Copy of Plans and Permits $190\*

\* Hourly rate may apply

Information will only be provided to the current property owner or with the property owner’s written consent. Allow a minimum of 15 working days from receipt of application to process this request.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Postal address: | | |  | | |
| Telephone: | |  | | | |
| Email: | | |  | | |
| Property address: | | |  | | |
| Title details: | | |  | | |
| Building Permit No: | | |  | Date of construction: |  |

Type of information you wish to receive

Note: depending on the age of the application and nature of works, some information requested may not be available.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| architectural plans | | computations | soil report | | | | permits |
| structural drawings | | specifications | Other: | |  | | |
| Signature: |  | | | Date: | |  | |

Have you attached a complete copy of the Title:  Yes  No

**Privacy**

Macedon Ranges Shire Council will only collect information from you with your knowledge and consent. Council will use personal information provided by you for the purposes for which it was collected. Personal information you provide to Council is protected by the Privacy and Data Protection Act 2014. Council will not disclose your personal information to a third party unless required by law.

Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mastercard |  | | | | | | | | | | Visa | | |  | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: $ | | | | | | | | | | | | | | | | | | |  | | | | |
| Name on card: | |  | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | | |  |  | |  |  |  | | |  |  | |  |  |  |  |  |  |  |  |  |
| Expiry date (xx/xx): | | |  | | | Signature: | | | |  | | | | | | | | | | | | | |