

Expiry date (xx/xx):

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

## **Application for a Copy of Plans and Permits**

\$190\*

\*Hourly rate may apply

Information will only be provided minimum of 15 working days from										owner	's wri	tten c	onse	nt. Al	low a	ay appiy	
Name:																	
Postal address:																	
Telephone:																	
Email:																	
Property address:																	
Title details:																	
Building Permit No:	Date of construction:																
Type of information you Note: depending on the agmay not be available.						natu	re of	wor	ks, s	some	info	orma	tion	requ	este	d	
architectural plans		com	puta	tions	3		soil r	epo	rt	permits							
structural drawings		spe	cifica	ations	S		Othe	er:									
Signature:	Date:																
Have you attached a com	olete c	ору (	of the	e Titl	e: [	] Yes	; <u> </u>	No									
Privacy Macedon Ranges Shire C consent. Council will use p collected. Personal inform Act 2014. Council will not	erson ation y	al inf /ou p	orma rovid	ation de to	prov Cou	rided ncil i	by y s pro	ou f	or th ed b	e pu y the	rpos Priv	es fo	or wh and	nich Dat	it wa a Pro	s otectior	
Payment options																	
In person: present this for one of our Service Centre By Mail: cheque or money Credit Card payment auth	s. / ordei	. – pa	ayabl	e to		•		•			•				,	t	
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Credit card payment a	uthor	isati	on														
Mastercard						Visa	а [										
I authorise you to charg	e the f	ollow	ing a	amou	unt to	my	cred	lit ca	rd: \$	;							
Name on card:																	
Credit card number:																	

Signature: