

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444

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Legal Point of Discharge Application

Fee: \$159.54

As per Building Act 1993 and Building Regulations 2018 – R133

Lot No:	Street No:	LP No:	Street:			
Town:		Planning Permit No (if applicable):				
pplicant						
Applicant's na	me:					
Postal addres	s:					
Telephone:			Mobile:			
Email:			Fax:			
"I declare that the written aut pursuant to Se for an owner of the written cor person to make	chority to act as the agen ections 246 & 248 of the or co-owner/s (or on beha nsent of the owner or co- a false or misleading s	ign this form as the owne t of the owner or owners Building Act 1993. I ack alf of another co-owner o owner/s and that it is an statement or to provide a	er of the subject property or that I have s on behalf of the owner or owners nowledge that no one is allowed to sigr or co-owners where applicable) without offence to do so under law or for a any false or misleading information to for anyone doing so may apply."			
I accept this d	eclaration:					
Signature:			Date:			
Owne other • Drain	e drains and pipes that or rs are responsible for the asset/infrastructure, kno	eir drains up to the point wn as the "Legal Point o	roperty belong to the property owner. of connection to the Council drain or f Discharge". puncil, the owner/builder/plumber must			
	is intentionally blank. re you complete the re	elevant fields on the ne	ext page.			

Provide a detailed description of works (list existing and proposed features).								
What is the proposed dev	velopment (if releva	nt):						
] Commercial Industrial					
Public	Subdivision							
Туре:	New	Addition	Addition Outbuilding					
🗌 Other (please specif		specify):	y):					
Where is the building sited on the allotment?								
Front	Centre Rear		Other					
Are site plans attached and do they identify any existing structures on the property?								
Yes	Yes No							
How would you like this it	oformation to be pre	wided?						
	s information to be provided?							
Office Use Only	1							
	Receipt no:		Date:					
	Received by:		Paid:	\$				
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 mone								
payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.								
Credit card payment Mastercard	authorisation	Visa						
I authorise you to charge	the following amo							
Name on card:	, the following arrior							
Credit card number:								
Expiry date (xx/xx): Signature:								
Privacy								
The collection and handling of personal and health information is in accordance with Council's Privacy								
Policy which is displayed on Council's website, <u>mrsc.vic.gov.au/privacy</u> and available for inspection at or collection from Council's customer service centres.								
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