Macedon Ranges Shire Council | Building Services

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

Building Property Information Request Form — $52.10

The fee applies to each sub Regulation for which information is requested.

Applicants Name: _____

Postal address: _____

Phone: _____ Email: _____

Contact person: _____ Registered owner: _____

I hereby request information on the following property:

No: _____ Street/road: _____

Town: _____ Lot: _____ LP/PS: _____

CA: _____ Sec: _____ Parish/township: _____

☐ I have attached a copy of the Title and/or subdivision details. I understand that failure to do so may result in a delay in processing the request.

Regulation	Information requested	Tick
51 (1)	Details of any Building Permits, Occupancy Permits or Certificates of Final Inspection issued in the preceding 10 years. Details of any current determinations made under Regulation 64(1) or exemption under Regulation 231(2). Details of any current notices, orders	☐
51 (2)	Information on whether the property is: • liable to flooding within the meaning of Regulation 5(2), • designated under Regulation 150 as an area in which buildings are likely to be subject to infestation by termites, • a property for which a bushfire attack level has been specified in a planning scheme. • in an area determined under Regulation 152 to be likely to be subject to significant snowfalls, • designated land or designated works under Part 10 of the Water Act 1989.	☐
51 (3)	Inspection approval dates of the mandatory notification stages for building work (only available if requested by the owner, mortgagee or building practitioner reporting on Section 137B of the Building Act 1993)	☐

Signature Applicant: _____ Date: _____

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 over the page. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

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: _____

Barcode for Office Use Only