

Building Services

Application for Copy of Plans

Please complete all relevant sections of this form and provide one (1) of the following forms of ID to obtain a copy of plans for a specific property:

- Driver's Licence, or
- Passport, or
- Birth Certificate.

Details of Property Requiring Copy of Plans										
Lot No:		Street N	lo:							
Street Name & Locality:										
Owner Authorisat	ion (required)									
Full Name(s):										
Current Residential										
Address:										
Contact Number:										
Email Address:										
Signature(s):		2 (if applicable):								
(If the owner is unable to	sign, please provide p	roof of the owner's author	isation to	access their plans with this application.)						
Applicant Details										
How would you like to re	eceive your copy of	☐ Please post the plans to the below address.								
plans?			☐ I will pick up the plans from the Shire (please select which Shire							
(Please note: we are unable			Gingin C Lancelin C							
Full Name:										
Postal Address:										
What plans are you requesting? (Please refer to the Fees & Charges on our website for relevant fees)		☐ A copy of all plans of ☐ Site Plan, Floor Plan		evations for the following structure:						
Signature:		1								
	By signing above you declare that you are the owner and/or agent, or that you have the owner(s) consent, to view and/or copy									



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Terms & Conditions

- 1. I understand that every effort will be made to obtain plans and I will not hold the Shire of Gingin liable if incorrect information is inadvertently supplied, or the plans are unable to be located.
- 2. I understand that on the occasion where I am the applicant but not the owner of the property, the owner's authorisation is required to proceed with the application.
- 3. I understand that the search and copy process can take up to 5 10 working days depending on the number of plans on the building file.
- 4. I understand that whilst every effort is made to obtain the required plans, the Shire of Gingin cannot guarantee availability or the quality of the plans.

Applicant Name:	
Applicant Signature:	

FOR CREDIT CARD PAYMENT PLEASE USE AUTHORISATION FORM ON NEXT PAGE

Office Use Only									
Approved?	Yes No		Date:						
Notes:									
BLD File No:		Amount Due:	\$	Receipt No:					
Officer Name:									
Officer Signature:									



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Credit Card Payment Authorisation																
Name on Card:																
Card Number:					-					-			-			
Expiry Date:	/						CS	V:								
Cardholder Signature:																

PLEASE BE ADVISED THESE DETAILS WILL BE DESTROYED ONCE PROCESSED