



APPLICATION FOR COPY OF PLANS

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

- Drivers Licence; or
- Passport; or
- Birth Certificate

PROPERTY DETAILS

Lot No.		Street No.	
Street Name and Locality			

OWNER AUTHORISATION (REQUIRED)

Name(s)			
Address			
Contact Number			
Signature(s)	Owner 1 -		Owner 2 -
If the owner is unable to sign, please provide proof of the owner's authorisation to access their plans			

APPLICANT DETAILS

How would you like to receive your copy of plans? (Please note we are unable to email plans)	<input type="checkbox"/> Please post the plans to the below address <input type="checkbox"/> I will pick the plans up from the Shire
Name	
Address for plans to be sent to	
What plans are you requesting? (Please refer to our fees and charges on our website for relevant fees)	<input type="checkbox"/> A copy of all plans on file <input type="checkbox"/> Site Plan, Floor Plan and Elevations for the following structure –
Signature	
By signing you declare that you are the owner and/or agent or that you have the owner(s) consent to view and/or copy plans of the above stated property	



7 Brockman Street, Gingin, Western Australia 6503
Telephone (08) 9575 2211 Facsimile (08) 9575 2121
Email: mail@gingin.wa.gov.au
Web: www.gingin.wa.gov.au

TERMS AND CONDITIONS

- (1) I understand that every effort will be made to obtain plans and I will not hold the Shire of Gingin liable in the event that incorrect information is supplied or the plans are unable to be located.
- (2) I understand that as the applicant I am not the owner of the property, and that owner's authorisation is required.
- (3) The search and copy process can take up to 5 - 10 working days depending on the number of plans on the building file.
- (4) 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

BLD File No.		Cost & Receipt No.	\$	
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CREDIT CARD PAYMENT AUTHORISATION

Name on Card																	
Card Number																	
Expiry Date	/						CSV										
Cardholder Signature																	

Please be advised these details will be destroyed once processed