

ABN: 46 211 642 339 PO Box 420, Cootamundra NSW 2590 Email: mail@cgrc.nsw.gov.au www.cgrc.nsw.gov.au

Application for Building Information Certificate					
About this form	ironmental Planning and Assessment Act 1979 Use this form to apply for a Building Information Certificate. You can only make this				
	application if you own or are purchasing the land, or you have the owner's written consent.				
Lodgement & Fees	Please follow the instructions on page 2.				
Application and site de	tails				
Your name, address and contact details	Title: Mr Mrs Miss Ms Other:				
	Family name (or company):				
	Given names (or ACN)				
	Postal address:				
	Phone ()				
	E-mail:				
	Contact person (only if a company, etc)				
Location and title description of the	Unit, shop or suite:Street No:Street:				
property	Locality:				
	Lot(s):Section:DP/SP				
	Other:				
	Get these details from rate notices, property deeds, or Council property maps				
3. Who owns the land?	Name(s)				
Give the name of every	Address:				
owner	Phone: ()				
4. Your interest in the	☐ Owner				
property?	Other person with owner's written consent				
	Purchaser's agent or solicitor				
	Other (specify)				
5. What type of	☐ Dwelling ☐ Outbuilding ☐ Shop				
building is it?	☐ Office ☐ Factory ☐ Other (specify)				
6. Do you want a	☐ Yes All of the building				
certificate for all of the building?	□ No Only part of the building. Which part:				
	Total floor area for which the certificate will be issued?m ²				

	Which docun have you sup gnatures			Identification survey Fire safety certificate Building plans Other (specify)			
		nont.	۸ -				
0.	Owner's consent		As owner of the land to which this application relates, I consent to this application. I also give consent for authorised Council officers to enter the land to carry out inspections:				
			Sigr	nature:	Date:		
			If you are signing on the owner's behalf as the owner's legal representative, please state the nature of your legal authority and attach documentary evidence.				
			(eg, power of attorney, executor)				
9. Your declaration		I apply for a Building Information Certificate and I declare that all the information given is true and correct. I also understand that:					
			■ if incomplete, the application may be delayed or rejected, and that				
			more information may be requested if required.				
			Sigr	nature:	Date:		
Но	w to lodge	this appl	icati	on			
	dress the olication to	The General Manager Cootamundra-Gundagai Regional Council			Fees Fees are calculated in accordance with Clause 260 of the Environmental Planning & Assessment Regulation 2000. (See Councils' website for relevant Fees and Charges)		
Υοι	You can send it to us by any of the following methods Payment methods						
Pos		PO Box 420 Cootamundra NSW 2590 1300 459 689 (02) 6940 2127 (Both Offices)		SW 2590	Pay in person by cash, EFTPOS, credit card or cheque. Make cheques payable to "Cootamundra-Gundagai Regional Council".		
	w to ntact us:				Making a personal visit?		
Pho	one				81 Wallendoon Street Cootamundra or		
Fax	C			(Both Offices)	255 Sheridan Street Gundagai.		
Em	ail:	mail@cgrc.nsw.gov.au					
We	b:	www.cgrc.nsw.gov.au		ov.au			
If yo	If you wish to discuss this application with our Building Surveyor, it is essential that you arrange an appointment.						
Pri	vacy Act						
The personal details requested on this form are required under the <i>Environmental Planning & Assessment Act 1979</i> and will only be used							
					this information is restricted to Cootamundra-Gundagai Regional Council		

The personal details requested on this form are required under the *Environmental Planning & Assessment Act 1979* and will only be used in connection with the requirements of this legislation. Access to this information is restricted to Cootamundra-Gundagai Regional Council officers and other people authorised under the Act. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

OFFICE USE ONLY	Fee type	Fee	Receipt No.
To be completed by Council's Cashier.	Building Information Certificate Fee		
	Receiving Officer:		Date:

Please process paym	to the below credit card.	
CREDIT CARD PAYME	ENT DETAILS	
Cardholder Name:		
Card Type:	☐ Visa☐ MasterCard	
Card Number:	//////	
Expiry Date:	/	
CCV Number:		
(Payment cannot be supplied)	processed without a CCV number and your	request will be returned if not
Amount:	\$	
Applicant Signature:		
Contact Name:		
Contact Number:		
Date:		