

OFFICE 8 Stevenson Avenue, Dandenong North

PO Box 250, Noble Park 3174 Phone: (03) 9794 8810 Fax: (03) 9794 8817

APPLICATION FOR VARIATION TO BUILDING PERMIT (FORM 1)

Building Act 1993 Building Regulation 2018 Regulation 24 **To:** Lloyd Lewis (Relevant Building Surveyor BS-U33771)

From: I am making this application for a building permit as: ☐ Owner of Land ☐ Agent of Owner (cannot be the builder for a domestic building permit)* Postal address: Contact Person: Mobile: Telephone (BH): Email: Address for serving documents: Indicate if the applicant is a lessee/licensee of Crown land to which this application applies: Tick if applicable: Ownership Details (Please state ALL owners of the property) ACN/ARBN: Postal Address: Post Code: Contact Person: Mobile: Telephone (BH): Email: **Builder Details** Company Name: ACN/ARBN: Postal address: Post Code: Contact Person: Mobile: Telephone (BH): Email: **Architect / Draftsman Details** Company Name: ACN/ARBN: Postal address: Post Code: Contact Person: Mobile: Telephone (BH): Email: **Property Details** Lot/s: Number: Street/Road: Suburb: Postcode: LP/PS: Volume: Crown Allotment: Section: Parish: County: Land owned by the Crown or a public authority. Tick if applicable: П



OFFICE

8 Stevenson Avenue, Dandenong North

PO Box 250, Noble Park 3174

Phone: (03) 9794 8810 Fax: (03) 9794 8817

Nature of building work – Please provide a full description of all works to be carried out			
Building practitioners and/or architect			
	ed domestic builder carrying out	domestic work, attach details of the required insurance.)	
		Registration No:	
	• ,		
(b) who were engaged to prepare documents forming part of the application for this permit ³			
	* .	Registration No:	
		Registration No:	
Builder Details ²			
If you intend to carry out the work as an owner	er builder, tick this box		
If there is a builder appointed to carry out the works, tick this box			
* Legislative changes now prohibit the builde	r from applying for a dome	estic building permit on the owner's behalf.	
The application can only be made by owner or the appointed architect or draftsperson.			
Details of Variation			
Please list details of variations and associate	ed cost:		
Cost of works for variation: \$			
Signature of owner:		Date:	
Signature of agent:		Date:	

I hereby enclose a cheque / credit card details (* please circle) for payment of: Please contact our office to confirm this fee.		
CREDIT CARD PAYMENT		
Please charge my credit card for the amount of \$		
Master Card □ VISA □		
Credit Card Number:		
Expiry Date:/ CCV: (last three digits on the signature panel)		
Name:		
Signature:		