



Mansfield Shire

**APPLICATION FOR 'REPORT AND CONSENT'
SECTION 29A of the BUILDING ACT
DEMOLITION**

To: Municipal Building Surveyor,
Mansfield Shire Council
Private Bag 1000, Mansfield 3724

Property Address:

No: Lot: Street

Suburb:

Applicant: Relevant Building Surveyor Owner Agent of Owner

Name

Address Postcode

Contact : Tel(BH) Mobile

Fax E-mail

Proposal:

A. The consent of the Council is required because:

The proposed demolition meets the 50% volume test under Section 29A(1)(a) of the Building Act 1993. Yes No

The proposed demolition meets the facade test under Section 29A(1)(b) of the Building Act 1993. Yes No

B. Planning Permit No: has been obtained for the proposed demolition

Fee: \$86.40

Signed: **Dated**

Owner Applicant (who has the written agency to act for the owner)

PRIVACY STATEMENT: Mansfield Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance and is strongly committed to protecting an individual's right to privacy. Accordingly, Council is committed to complying with its obligations under the *Privacy and Data Protection Act 2014 (Vic)*, the *Health Records Act 2001* and the *Federal Privacy Act 1988*. A copy of the *Mansfield Shire Council Privacy and Data Protection Policy* is available on our web site at www.mansfield.vic.gov.au or by contacting us on (03) 57758555.



In order for your application to demolish to be assessed, the completed application form must be accompanied by following:

- One (1) set of plans of the proposed works, including site plan, floor plan, elevations and sections, which indicate the proposed demolition or part /facade demolition.

- A full copy of a current Certificate of Title of the allotment including lot plan, plan of subdivision, covenants, agreements, easements etc.

- Details of any known previous part demolition work that has been carried out on the building.

- Fee \$86.40

Method of Payment:

I enclose a cheque for \$ payable to MANSFIELD SHIRE COUNCIL

Please debit \$ from my Visa MasterCard other

Credit Card No. _____ Expiry date. __ / __

Cardholder's Name

Cardholder's Signature

