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|  | **REQUEST FORM****COPY OF SEPTIC SYSTEM PLANS****FORM 89** | Date stamp |
| **Part 1 Property Details** |
| Please provide the details of the property you require copies of septic system plans for |  | Lot |  | House No |  | Street Name |  |
|  |  |  |  |  |  |  |
|  | Suburb |  |
|  |  |  |
|  |
| **Part 2 Requested by** |
| Name of person making request *(if not the owner please have the owner complete Part 5 on the reverse of this form)* |  | Name |  |
|  |  |  |
|  | Daytime Contact Phone Number |  |
|  |  |  |
|  | Email Address |  |
|  |  |  |
|  | Are you the Owner of the property? |  |
|  |  | Yes |  |
|  |  | If no, please provide Owners Name |  |
|  |  | No |  |  |
|  | Signed |  | Date |  |
|  |  |  |  |  |
|  |  |  |
| **Part 3 Comments** |
| Please provide details of any specific requests |  | Comments |  |
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| **Part 4 Fees and Conditions** |
|  | * If you are not the owner(s) of the property, Part 5 of this form must be completed by the current owner(s); or a signed letter from the current owner(s) must be provided granting consent for the Shire of Dardanup to release the plans to an authorised person.
* A copy of an Offer and Acceptance is NOT adequate
* Please allow five (5) working days for processing. You will be contacted when the plans are available for collection
* **A fee of $20.00 is payable on collection of the plans**
* Please Note: The Shire has copies of most, but not ALL septic system plans (in particular old buildings)
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| **Part 5 Owners’ Authorisation to Release Building Plans** |
| Owner to complete |  | Owner(s) Name |  |
|  |  |  |
|  | I/We as the current owner(s) of the property in question, hereby authorise the Shire of Dardanup to issue a copy of the septic system plans to: |  |
|  |  |  |
|  | Owner(s) Signature |  | Date |  |
|  |  |  |  |  |
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| **Part 6 OFFICE USE ONLY** |
|  | Assessment No. |  |
|  |  |  |
|  | Licence No. |  | Development |  | Located Y / N |  |
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|  | Applicant Notified: |  | Yes |  | No |  |
|  | Name of Contact |  | Date |  | Officer Name |  |
|  |  |  |  |  |  |  |
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