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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 | | | | | | | | | |  | |
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| **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 | |  | |
|  |  | | | | | | |  |  | |  | |
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| **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. | | | | | |  | | | | | | | | | | | | |
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|  | Licence No. | | | | | |  | Development | | | | | | | |  | Located Y / N | |  |
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|  | Notes: | | | | | | | | | | | | | | | | | |  |
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|  | Applicant Notified: |  | Yes | | |  | | | No | | | | | | | | | |  |
|  | Name of Contact | | | | | | | | |  | Date |  | Officer Name | | | | | |  |
|  |  | | | | | | | | |  |  |  |  | | | | | |  |
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