

REQUEST FORM COPY OF SEPTIC SYSTEM PLANS

FORM 89

Date stamp

Part 1 Property Details	Lot House No Street Name
Please provide the details of the property you require copies of septic system plans for	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)	Daytime Contact Phone Number Email Address Are you the Owner of the property? Yes If no, please provide Owners Name Signed Date
Part 3 Comments	
Please provide details of any specific requests	Comments

- 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 <u>NOT</u> adequate
- Please allow five (5) working days for processing. You will be contacted when the plans are available for collection
- A fee of \$15.00 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)

Part 5 Owners' Authorisation to Release Bu	ilding Plans	
Part 5 Owners' Authorisation to Release Bu	Owner(s) Name I/We as the current owner(s) of the property in question, hereby author a copy of the septic system plans to:	ise the Shire of Dardanup to issue
Owner to complete	d dopy of the doptic dystem plane to.	
	Owner(s) Signature Da	ate
	Switch (b) Signature	
Part 6 OFFICE USE ONLY Assessment No.		
License No.	Development	Landad V / N
Licence No.	Development	Located Y / N
Notes:		
Applicant Notified: Yes	No	
Name of Contact	Date Officer Na	me