

# APPLICATION FOR LEGAL POINT OF DISCHARGE

## APPLICANT DETAILS

Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

## PROPERTY AND DEVELOPMENT DETAILS FOR APPLICATION

House Number: _____	Lot Number: _____	
Street Name: _____	Town / Suburb: _____	
Planning Permit Number *: _____	Plan of Subdivision Number *: _____	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Multi Units (No. Of Units: _____)	
<input type="checkbox"/> Second Dwelling	<input type="checkbox"/> New Garage / Carport	
<input type="checkbox"/> Extension / Alteration	<input type="checkbox"/> Other	
Other Information: _____		

## DOCUMENTS TO ACCOMPANY WITH THIS FORM

<input type="checkbox"/> Copy of Site Plan **	<input type="checkbox"/> Copy of Planning Permit *
<input type="checkbox"/> Copy of Title **	<input type="checkbox"/> Copy of Subdivision Plan *

## PAYMENT OPTIONS

Cheque to: **HEPBURN SHIRE COUNCIL** (Chq. Number: \_\_\_\_\_)

---

In person: Cnr. Duke Street & Albert Street, Daylesford

Via Mail: P O Box 21, Daylesford, VIC 3460


Credit Card: Card payments can also be made on phone.

## CREDIT CARD DETAILS

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_



We ONLY accept payments made by Visa and Master cards.

TO BE COMPLETED BY APPLICANT

OFFICE USE ONLY

**Application Fee: \$ 159.50**  
 (as per Section 312(3) Building Regulations 2006, 9.77 Fee units)

Receipt Number: \_\_\_\_\_

*Application is not valid without receipt number.*

Official Stamp

- Note:**
- \* if applied or issued
  - \*\*must be submitted
  - tick where required
  - Please clearly print details in this form.
  - Result will be sent back to applicant within 7-10 working days from the day application received by Council with all the required documents.

## APPLICATION FOR LEGAL POINT OF DISCHARGE

### OFFICE USE ONLY

**Receipt Number:**

**House Number:**

**Lot Number:**

**Street Name:**

**Town / Suburb:**

**File Number:**

**Property Number:**

**Legal Point of Discharge is:**

**Conditions:**

Above information is provided by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_