

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: \$ 231.40 (as per Section 312(3) Building Regulations 2006, 16.33 Fee units)	Official Stamp
	Receipt Number: Application is not valid without receipt number.	

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: _____