APPLICATION



Application for demolition permit

Building Act 2011, section Building Regulations 201					RMIT AUTHORITE ONLY	TY Re	eference number	
Permit authority								
1. Property this a	pplication relates	to						
Property street address (provide lot number where street number is not known)	Unit no Stree		et no		.evel	Lo	Lot no	
	Street name		Street type			reet suffix		
,	Suburb		S	State	Po	ostcode		
Certificate of title (if known)	Volume			F	Folio			
Year of construction of building to be demolish								
Local government area from permit authority)	a (if different							
2. Details of demo	olition work							
Project name (if any)								
Type of demolition	Full demolition	☐ Partial d	Partial demolition from			Relocation of a building rom this site to another		
Description of the demolition work								
Building Code of Australia (BCA)	Main BCA class							
class of the building(s) to be demolished	Secondary BCA class (for multi- purpose buildings)			Third BCA cl multi-purpose buildings)				
Occupancy permit number of the building(s) (if known)		reloca			of dwellings and FROM this nother site			
Floor area to be demolished (m²)		Site			rea (m²)			
Number of dwellings to be demolished		demolit	Estimated value of \$ demolition work (including GST)			\$		
Number of storeys of the highest building (above ground)				Number of basement storeys of the building (below ground)				

3. Owner details

Where there are multiple owners, please attach a list with the names and signatures of each owner. If each of those owners requires a copy of the demolition permit, please also provide forwarding details for each owner.

Owner's name							
Street address (provide lot number	Unit no	Street no		Level		Lot no	
where street number is not known)	Street name			Street type		Street suffix	
	Suburb		State		Postcode	Country (if not Australia)	
OR							
PO Box address	PO Box no						
	Suburb	Suburb State		Postcode		Country (if not Australia)	
Email address							
Phone/fax	Phone no			Fax	(
Owner's signature*	Date						
*If you are authorised to sign on behalf of the owner, please provide your written legal authorisation with your application.							
4. Demolition con	tractor details						
Demolition contractor's name							
Street address (provide lot number	Unit no	Jnit no Street no		Level		Lot no	
where street number is not known)	Street name			Street type		Street suffix	
	Suburb		State		Postcode	Country (if not Australia)	
OR							
PO Box address	PO Box no						
	Suburb		State		Postcode	Country (if not Australia)	
Email address							
Phone/fax	Phone no			Fax			
Demolition licence number	Issued under the Occupational Safety and Health Regulations 1996 (if applicable)						

Demolition contractor's	Name (print)							
signature	Signature				Date			
					·			
5. Applicant detai	ils							
Who is the applicant? (Tick one box)	Owner Demolition contractor Other							
	If 'Other' was selected above, complete the following details:							
Applicant's name								
Street address (provide lot number where street number is not known)	Unit no Street no			Level		Lot no		
	Street name			Street type		Street suffix		
	Suburb		State		Postcode	Country (if not Australia)		
OR					<u> </u>			
PO Box address	PO Box no							
	Suburb		State		Postcode	Country (if not Australia)		
					l			
Email address								
DI K	Phone no				Fax			

Phone/fax

6. Statement by applicant

I understand that a demolition permit cannot be granted unless:

- 1. All the prescribed information is provided with this application
- 2. In accordance with section 20 of the *Building Act 2011* and regulation 19 of the Building Regulations 2012:
 - all relevant prescribed authorities have been obtained and have been or are being complied with;
 and
 - all prescribed notifications have been given.

	sents or court orders have been obtained if the demolition work may advendaries of the works land.	ersely affect land beyond
Does	the proposed work adversely affect other land? Yes No	
If yes	, has consent or a court order been obtained?	
	Attach a copy of each consent (form BA20) or court order of	obtained.
Applicant's signature	Name (print)	
	Signature	Date