



APPLICATION FOR A BUILDING PERMIT

Building Act 1993, Building Regulations 2018, Regulation 24, Form 1

TO **Stokes Safety Pty Ltd**

From:

***OWNER / *AGENT OF OWNER:**

Company Name _____

*ACN/*ARBN _____

Address _____

Suburb _____

Contact Name _____

ADDRESS FOR SERVING OR GIVING DOCUMENTS:

Address _____

Contact Person: Contact Name _____ Phone Number _____
Email Address _____

Indicate if the applicant is a lessee or licensee of Crown Land to which this application applies †

Contact person _____ Telephone _____

Lessee responsible for building work

Indicate if a lessee of the building, of which parts are leased by different persons, is responsible for the alterations to a part of the building leased by that lessee †

***OWNERSHIP DETAILS** (if applicant is agent of owner)

Owner: _____

***ACN/*ARBN:** _____

Address: _____

Contact Person: Contact Name _____ Phone Number _____
Email Address _____

PROPERTY DETAILS

Address Details Floor _____ Tenant _____ / Street number _____ / Street _____,
Suburb _____ Post Code _____

Title Details	Lot/s _____	LP/PS _____
	Volume _____	Folio _____
	Crown Allotment _____	Section _____
	Parish _____	County _____

Municipal District City of _____
Land owned by the Crown or public authority †

BUILDER:

Builder company name _____

Address _____

Suburb _____

Contact Name _____ Phone Number _____

Email Address _____

DETAILS OF BUILDING PRACTITIONERS AND ARCHITECT:

(a) to be engaged in the building work

If a registered domestic builder carrying out domestic building work, attach details of the required insurance.

Registered Practitioner's Name	Category/Class	Registration No.
	Builder/(Domestic or Commercial)	
	Demolisher	
	Architect/Draftsperson	
	Engineer (Civil/Structural)	
	Engineer (Civil/Structural) Certifier	
	Engineer (Mechanical)	
	Engineer (Electrical)	
	Engineer (Fire Services)	
	Engineer (Fire Safety)	
	Engineer (Fire Safety) Certifier	

(b) who were engaged to prepare documents forming part of the application for this permit

Registered Practitioner's Name	Category/Class	Registration No.
	Architect/Draftsperson	
	Engineer (Civil/Structural)	
	Engineer (Civil/Structural) Certifier	
	Engineer (Mechanical)	
	Engineer (Electrical)	
	Engineer (Fire Services)	
	Engineer (Fire Safety)	
	Engineer (Fire Safety) Certifier	

NATURE OF BUILDING WORK: (tick which is applicable)

Construction of a new building	<input type="checkbox"/>	Alterations to an existing building	<input type="checkbox"/>
Demolition of a building	<input type="checkbox"/>	Removal of a building	<input type="checkbox"/>
Extension to an existing building	<input type="checkbox"/>	Change of use of an existing building	<input type="checkbox"/>
Re-erection of a building	<input type="checkbox"/>	Construction of swimming pool or spa barrier	<input type="checkbox"/>
Construction of swimming pool or spa	<input type="checkbox"/>		
Other [give description]	_____		<input type="checkbox"/>

Proposed use of building _____

OWNER-BUILDER:

I intend to carry out the work as an owner-builder. [Yes/No]

COST OF BUILDING WORK:

Is there a contract for the building work?

[Yes/No]

If yes, state the contract price

\$ _____

If no, state the estimated cost of the building work(including the cost of labour and materials) and attach details of the method of estimation

\$ _____

STAGE OF BUILDING WORK:

If application is to permit a stage of the work—

Extent of stage. _____

Cost of work for this stage

\$ _____

SIGNATURE:

Signature of Applicant

Date: _____

** Delete if inapplicable*

† Tick if applicable