Building Plan Retrieval Request Form



APPLICANT'S DETAILS					
Full Name:					
Address:					
Telephone (home):	(Work):		(Mobile):		
Email:					
Letter of Authorisation Attached (i	r): Yes	No			
PROPERTY DETAILS					
Street Address:					
Suburb:	Post Code:				
Please insert or attach a copy a applicant's driver's licence:	of owners and				
How would you like to receive	your plans? Please chec	k all applicable:	Pick Up	Posted	Emailed
lunderstandthequalityofplansisnotguaranteedandthePropertySearchFeeisnotrefundableiftheplansarenotsuitable or cannot be located. I also acknowledge there is a per page fee for copies issued.					
Signature:		Date	:		
OFFICE USE ONLY:					
Verification of Identity (Drivers Licence Sighted/Attached)		Licence#:		Staff Init	tials:

Payment by Credit or Debit Card						
Cardholders Name:		MasterCard Visa				
Card Number:						
Expiry Date	CVC	Amount 0.46% Surcharge applies				
		Residental Plans: \$58.80				
		Commercial Plans: \$180.60				
Signature:		Date:				

Plans Located:

Staff Initials:

Receipt#:

No

Offsite Plans Ordered: Yes