

COPY OF PLANS REQUEST FORM GROUPED DWELLINGS/COMMERCIAL PROPERTIES

Revised 25/10/23

	THE VISCUE 25/15/2
House no :	Street name:
Owner/s name:	Contact no:
Owner/s email address:	
	Contact no:
Email address/Postal Address:	
Please indicate how you wish to recieve your plans:	
Via a digital link (valid for 14 days)	Collect in person from the Shire reception By post
Plan/s required (please be as specific as you can, or t	the latest Approval will only be provided)
TERMS AND CONDITIONS:	
, ,	-refundable and payable prior to the process commencing.
·	o obtain plans and I will not hold the Shire liable in the
event that incorrect information is supplied of	·
 I understand if plans are located & copies req charged and payable upon collection, costs or 	uested, standard copying and scanning fees will be
	equested to be mailed, postage fees may apply.
·	uch as a company letter of authority on company letterhead
must be provided prior to the process comme	
·	0 working days; requested copies of plans will be held for
 Identification must be produced upon viewing 	
·	an A3 will incur additional fees - a quote can be provided upon
9. Identification must be produced upon viewing	g or the collection of plans.
I have read and understood the above terms and cor	nditions
Applicant/s signature	Date///
Owner/s signature	<u>AND</u> Owner's consent attached
OFFICE USE ONLY	