

For office use only

Date paid: / /202 \$128.00 Receipt No:



Application Form

Request for Copies of Building Plans

Please submit this form along with credit card details for payment by:

Emailing to toc@claremont.wa.gov.au to the attention of building

In person to our customer service team at our administration office:
308 Stirling Highway, CLAREMONT WA 6010

Or by post

Town of Claremont
PO Box 54
CLAREMONT WA 6910

Property Details

Unit number: _____ Street number: _____ Lot number: _____

Street Name: _____ Suburb: _____

Search Criteria

- | | |
|--|---|
| <input type="checkbox"/> Original plans (if available) | <input type="checkbox"/> Patio / Pergola / Gazebo |
| <input type="checkbox"/> Current building plans | <input type="checkbox"/> Swimming pool/Spa |
| <input type="checkbox"/> Historical building plans | <input type="checkbox"/> Garage/Shed |
| <input type="checkbox"/> Other: _____ | |

Owner(s) Details - Owner's signature(s) authorises applicant to obtain copies of plans

Owner(s) name(s) /Company name* _____

Email address: _____

Phone number/s: _____

Signature(s) of owners: _____

(All owners must sign) _____

***If owned by company please complete declaration below**

I _____
Print name

am the secretary/director of _____
Company

and have the authority to sign on behalf of the nominated company

Signature

Applicant Details

Please tick if details are same as owner above:

Name(s): _____

Email address: _____

Phone number: _____

Contact person if not same as name of applicant: _____

Fee

\$128.00 Non-refundable search fee

Accompanying Notes

1. Payment is required upon submission of the application form. A receipt will be emailed for your records.
2. In the event that the plans are not located, the application fee is **non-refundable**.
3. **All plans located will be emailed to the address supplied.**

Payment Options

In Person: Council Offices Mon-Fri, 9.00am – 4.30pm

Credit Card: by phoning 9285 4300 Mon-Fri, 9.00am – 4.30pm or
by completing the attached credit card authorisation form

Credit Card Authorisation

www.claremont.wa.gov.au

toc@claremont.wa.gov.au

This form is to be completed by the card holder, or designated officer of the Town if received over the phone.

I hereby authorise the Town of Claremont to debit the credit card identified below.								
For the amount of \$ _____ (total amount due)								
Payee Details								
Mr/Mrs/Miss/Ms Surname:	Given name/s:							
Company Name / Trading Name:								
Address:								
Billing Address: (if different from above):								
Phone:								
Cardholders Signature:								
(Leave blank if received over the phone)								
Credit Card Information								
Credit Card number:								
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Name on Card:								
Signature:								
Credit card surcharges apply as per the current Schedule of Fees on the Town's website.								

Office use only	
Received by:	
Authorised by:	Signature:
Date:	Invoice no:(if applicable)