

Building Information Request Form

Shire of Donnybrook Balingup February 2025



APPLICANT DETAILS

The person making the request is to complete this section.

Full Name:

Postal Address:

Locality:

Postcode:

Email:

Phone:

PROPERTY DETAILS

Please provide the details of the property you are requesting information for.

Lot #:

Street #:

Street Name:

Locality:

Location #:

REQUEST TYPE & DETAILS

- Dwelling Building Permit & Plans (includes all approved plans and documents)
- Patio / Pergola Swimming Pool / Spa
- Shed(s) Garage / Carport
- Second Dwelling Retaining Wall
- Dwelling Additions and/or Extensions

Should you require additional space, please attach a separate document and note this below.

SUBMISSION & DECLARATION

How would you like to receive these documents? Physical Copies Digital Copies

If you intend to use copies of these plans for the lodgement of a new Building Application, please ensure that all previous date and approval stamps are removed and mark plans clearly with proposed additions before submitting.

By signing below, you confirm that you have read and agree to the Information for Applicants and obtained consent from the Landowner of the property listed above, and that the information provided is accurate and true to the best of your knowledge. The Shire will contact you for the payment of the fees associated with this Information Request.

Signature: _____

Date: _____

OFFICE USE ONLY

To be completed once payment is received.

Date:

Officer:

Receipt #:

Ref. #:



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INFORMATION FOR APPLICANTS

Under the *Building Act 2011*, copies of Building Records may be provided to an interested person through an Information Request application (with the payment of the prescribed fee). An interested person is an owner of the building or an incidental structure to which the Building Record relates, or a person who has the written consent of an owner to receive a copy of a Building Record relating to the owner.

Written consent is required in the following circumstances, and must be provided with a completed Information Request form upon submission:

- If the property is owned by a company, a formal letter from the company signed by an authorised person must be provided.
- If the property is in relation to a deceased estate, documentation supporting an individual's authority to act on behalf of the deceased estate must be provided.

Please be aware that the Shire of Donnybrook Balingup does not have a complete historic record of all structures within its district and as such, plans may not be available in some circumstances. Please allow ten (10) working days for the search to be processed.

Retrieval of the requested information is charged at a pro-rata hourly rate (minimum 1 hour), with photocopying and printing charged separately. Please refer to the current annual Fees & Charges on the Shire's website (www.donnybrook-balingup.wa.gov.au) for more information – a physical copy may also be viewed at the Shire Administration Office at 1 Bentley Street, Donnybrook, during office hours (8:30am – 4:00pm, Monday – Friday).

LANDOWNER INFORMATION & CONSENT

Full Name: _____

Postal Address: _____

Email: _____

Phone: _____

I, the property owner, acknowledge the information provided above, as well as the following:

- The fee required to complete a search for this Information Request is non-refundable,
- An estimate of costs will be provided upon receipt of this form (provided that it is completed accordingly, and all required attachments are included),
- The time required to complete a search for this Information Request may be extended in exceptional circumstances,
- A copy the appropriate Building Records will be provided to the nominated applicant,
- The quality and availability of Building Records cannot be guaranteed,
- Building Records may not be to scale or depict all existing structure and therefore, may not be suitable for resubmission, and
- A property inspection is not included to determine the existence of unauthorised structures.

By signing below, you provide that you consent for this Information Request to be completed.

Signature: _____

Date: _____

