# **APPLICATION**



## Application for demolition permit

Building Act 2011, section 15, 16 Building Regulations 2012, regulation 4, 16					RMIT AUTHORI E ONLY	TY Ref	ference number
Permit authority							
1. Property this a	pplication re	lates to	0				
Property street address (provide lot	Unit no	Street no	1	Level	Lot	Lot no	
number where street number is not known)	Street name				Street type	Str	eet suffix
,	Suburb				State	Pos	stcode
Certificate of title (if known)	Volume				Folio		
Year of construction of building to be demolish							
Local government area from permit authority)	a (if different						
2. Details of demo	olition work						
Project name (if any)							
Type of demolition	☐ Full demolition ☐			Partial den	nolition		ocation of a building is site to another
Description of the demolition work			<u>'</u>				
Building Code of Australia (BCA)	Main BCA clas	S					
class of the building(s) to be demolished	Secondary BC class (for multi purpose buildir	-			Third BCA cl multi-purpos buildings)	,	
Occupancy permit number of the building(s) (if known)					of dwellings FROM this other site		
Floor area to be demolished (m <sup>2</sup> )				Site (lot) a	area (m²)		
Number of dwellings to be demolished				Estimated demolition (including	n work	\$	
Number of storeys of the highest building (above ground)					of basement f the building ound)		

#### 3. Owner details

Where there are multiple owners, please attach a list with the names and signatures of each owner. If each of those owners requires a copy of the demolition permit, please also provide forwarding details for each owner.

Owner's name								
Street address (provide lot number	Unit no	Street no		Level		Lot no		
where street number is not known)	Street name			Street type		Street suffix		
	Suburb		State		Postcode	Country (if not Australia)		
OR			•					
PO Box address	PO Box no							
	Suburb State			Postcode		Country (if not Australia)		
Email address								
Phone/fax	Phone no			Fax	<u> </u>			
Owner's signature*	Date							
*If you are authorised to sign on behalf of the owner, please provide your written legal authorisation with your application.								
4. Demolition con	ntractor details							
Demolition contractor's name								
Street address (provide lot number	Unit no	Unit no Street no			rel	Lot no		
where street number is not known)	Street name			Street type		Street suffix		
	Suburb		State		Postcode	Country (if not Australia)		
OR PO Box address	PO Box no							
	Suburb		State		Postcode	Country (if not Australia)		
Email address								
DI // -	Phone no			Fax				
Phone/fax								

Demolition contractor's	Name (print)							
signature	Signature	Date						
5. Applicant deta	ils							
Who is the								
applicant? (Tick one box)	Owner Demolition contractor Other							
	If 'Other' was selected above, complete the following details:							
Applicant's name								
		Street no				<u> </u>		
Street address (provide lot number	Unit no		Level		Lot no			
where street number is not known)	Street name				eet type	Street suffix		
	Suburb		State		Postcode	Country (if not Australia)		
OR								
PO Box address	PO Box no							
	Suburb		State		Postcode	Country (if not Australia)		
			<u> </u>		<u> </u>			
Email address								

Fax

Phone no

Phone/fax

#### 6. Statement by applicant

I understand that a demolition permit cannot be granted unless:

- 1. All the prescribed information is provided with this application
- 2. In accordance with section 20 of the *Building Act 2011* and regulation 19 of the Building Regulations 2012:
  - all relevant prescribed authorities have been obtained and have been or are being complied with;
     and
  - all prescribed notifications have been given.

Provide evidence of compliance with approvals given.

	ents or court orders have been obtained if the demolition work may advendaries of the works land.	ersely affect land beyond
Does	the proposed work adversely affect other land?   Yes   No	
If yes	has consent or a court order been obtained?	
	Attach a copy of each consent (form BA20) or court order of	btained.
Applicant's signature	Name (print)	
	Signature	Date



### RODENT TREATMENT

PROPERTY ADDRESS THIS APPLICATION RELATES TO							
Street No:	Street Name:	Street Name:					
Lot No:							
Suburb:					Postcode:		
eg. shed, dwelli			ILDINGS TO BE asbestos etc.	DEMOLIS	SHED.		
Please write description / type here:							
DATE OF FINAL I See Information N		Ro	dent Activity Ev	ident)	Date:		
APPLICANTS NA	ME	Na	me:				
POSTAL ADDRES	S	Str	reet No: Street Name:				
		P O Box No: (if applicable)					
		Sul	burb:		Postcode:		
DETAILS		Contact Name:					
		Work Contact No:				Fax No:	
		Мо	bile No:	L			
		ail:					
SIGNATURE OF A This form must be sign							
DATE:							

**INFORMATION NOTE**: It is a requirement that the premises is treated to kill any rodents which may be on the property **prior** to issue of a demolition permit. A rodent bait shall be placed in each room, the roof space and sub floor (if applicable) and left for a minimum of 14 days.

Alternatively, you may submit a certificate from a licensed pest control operator with this application form certifying that the premises has been satisfactorily treated to ensure that it is not infested by rodents at the time of demolition.

A rodent treatment certificate must be submitted with the application for a demolition permit. A demolition permit will **not** be issued without a valid certificate.