

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 or alternatively

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

Or post to

Town of Claremont
PO Box 54
CLAREMONT WA 6910

Property Details

Unit number: Street number: Lot number:

Street Name: Suburb:

Search Criteria

☐ Original plans (if available)

☐ Patio / Pergola / Gazebo

☐ Current building plans

☐ Swimming pool/Spa

☐ Historical building plans

☐ Garage/Shed

☐ 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

Privacy collection notice

NOTE: We collect your personal information to process your request in accordance with the standards set out in the *Privacy and Responsible Information Sharing Act 2024* (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit our [privacy page](#).

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:	
- - -	
Expiry date:	Security number: Credit Card type:
/	☐ Visa ☐ Mastercard
Name on Card:	
Signature:	
Office use only	
Received by:	
Authorised by:	Signature:
Date:	Invoice no:(if applicable)