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)
- ☐ Current building plans
- ☐ Historical building plans
- ☐ Patio / Pergola / Gazebo
- ☐ Swimming pool/Spa
- ☐ 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

TOWN of CLAREMONT
Est 1898

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:

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)