



**BUILDING FORM 1**  
**APPLICATION FOR REFERRAL AGENCY ADVICE**  
**ALTERNATIVE SITING ASSESSMENT**  
**AMENITY AND AESTHETICS**  
**REMOVAL /REINSTATEMENT & DEMOLITION BUILDING SECURITY AMOUNT**

**Applicant's Checklist – Please ensure the following information has been lodged with your application:**

- 1:200 Site plan (2 copies) showing 1m contours, north point, boundaries, and boundary setbacks to walls and fascias of buildings and or structures. (Include a reference number on each Plan/Drawing)
- 1:100 Floor plan (2 copies) showing layout and use of rooms. (Include a reference number on each Plan/Drawing)
- 1:100 Elevations (Minimum front and 1 side) (2 copies) showing overall height of structures from natural ground, and extent of cut and fill. (Include a reference number on each Plan/Drawing)

**For House Removals Only**

- Photographs of the four elevations of the building.
- A copy of an "Asbestos Register Report" in accordance with the Workplace Health and Safety Regulations 1997 from a laboratory accredited with the National Association of Testing Authorities (NATA), *OR*
- If the "Asbestos Register Report" states that the asbestos poses a risk to occupants, a "Clearance Inspection Report" from a laboratory accredited with the National Association of Testing Authorities (NATA) conducted in accordance with the *Code of Practice for the management and control of asbestos in Workplaces [NOHSC: 2018 (2005)]* must be submitted.

**NB. All material containing asbestos including wall sheeting, eave lining, roofing and flooring must be removed at the current site before relocation occurs. A "Clearance Inspection Report" from a laboratory accredited with the National Association of Testing Authorities (NATA) conducted in accordance with the *Code of Practice for the Management and Control of Asbestos in Workplaces [NOHSC: 2018 (2005)]* must be submitted to Council prior to the issue of the "Letter of Final Approval" for the movement of the dwelling.**

**TYPE OF REFERRAL – CONCURRENCE AGENCY ADVICE**

An individual assessment fee is required for each referral type:

- AMENITY AND AESTHETICS CONSIDERATION (under Schedule 2, Table 1(15) of the IPR)
- SITING VARIATION (under Schedule 2, Table 1(17/18/19) of the IPR)
- REMOVAL BUILDING SECURITY AMOUNT (under Schedule 2, Table 1(23) of the IPR)
- REINSTATEMENT BUILDING SECURITY AMOUNT (under Schedule 2, Table 1(15 & 23) of the IPR)
- DEMOLITION BUILDING SECURITY AMOUNT (under Schedule 2, Table 1(23) of the IPR)

**Applicant Details**

NAME/S: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TELEPHONE No.: \_\_\_\_\_ MOBILE No.: \_\_\_\_\_ FACSIMILE No.: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Property Details**

ADDRESS: \_\_\_\_\_  
CURRENT LOT NO. \_\_\_\_\_ PLAN NO.: \_\_\_\_\_

**Owner's Consent**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
SIGNATURE/S (COMPANY SEAL OR A.C.N.) \_\_\_\_\_



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**Details of Request**

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**Grounds for Consideration/Variation – Use additional paper if required**

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**Additional Information (House Removal/Reinstatement only)**

PRESENT ADDRESS OF BUILDING TO BE REMOVED/REINSTATED: \_\_\_\_\_

CONTACT PERSON FOR INSPECTION: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_

NAME AND ADDRESS OF REMOVALIST: \_\_\_\_\_

**BRIEF DESCRIPTION OF EXISTING BUILDING CONSTRUCTION:**

Floors: \_\_\_\_\_ Walls Internal: \_\_\_\_\_

Walls External: \_\_\_\_\_ Roofing Material: \_\_\_\_\_

BRIEF DESCRIPTION OF ANY INTENDED ALTERATIONS, ADDITIONS OR RENOVATIONS. This section must be completed. Tick if applicable

- New roofing material and guttering
- Replace floors
- Remodel bathroom
- Reline internal walls
- Elevate/lower building to \_\_\_\_ millimetres above ground level
- Build in under the building
- Rearrange layout of the rooms

DESCRIPTION OF OTHER WORKS PROPOSED: \_\_\_\_\_