

Shire of Mundaring will, where possible, provide copies of approved building and associated effluent disposal system plans upon request.

## **Requesting copies of building plans**

To request copies of plans for approved buildings and/or associated effluent disposal systems, please complete the reverse of this form and return it to the Shire of Mundaring, along with the appropriate fee.

The owner or mortgagee of any property, or any person authorised in writing by the owner or mortgagee, may request copies of the Shire's building plans.

Written authorisation must accompany the request for copies of plans.

## **Fees applicable**

## **Building Plan Searches**

A fee of \$105.00 (including GST) applies if plans are held off-site (most plans are held off-site). This includes effluent disposal system plans.

A fee of \$55.00 (including GST) applies for plans which are held in-office (only plans approved from 2007 onwards).



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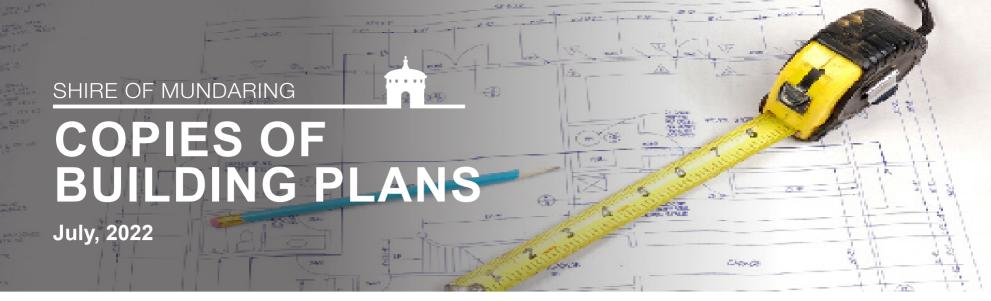
To request a search for plans of approved buildings and/or associated effluent disposal systems, please complete this form and return it to: <a href="mailto:shire@mundaring.wa.gov.au">shire@mundaring.wa.gov.au</a> or post to Shire of Mundaring, 7000 Great Eastern Highway, MUNDARING WA 6073, together with the appropriate fee.

Please indicate which search you would like carried out:

## AUTHORISATION FOR COPIES OF BUILDING PLANS

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	I am the owne	er of this land, and applicant as stated below.	
	Χ	(signature)	
		his property, I authorise the applicant to obtain copies of approve sal system plans.	ed building and/or associate
	Χ	(owner's signature)	
	I have attache	ed the owner's letter of authorisation.	
Pleas	se complete th	ne following for the relevant property:	
Appli	icant's name:	Tel No:	_
Owne	er's name:	Tel No:	_
Prope	erty address:		_
Subu	ırb:		
Posta	al address and	d/or email where copies of plans are to be sent:	
Addro	ess:		_
Subu	ırb:	Postcode:	_
Emai	1:		_
f IND		7000 Great Eastern Hwy, Mundaring WA 6073 T: 9290 6666 E: shire@mundaring.wa.gov.au	



Payment by: Visa Mastercard
Amount: \$
Card Holder Name:
Card Number:
Expiry Date: /
Signature: X
Date:

