

For office use only		
Date paid: / / 202	\$100	Receipt No:



TOWN OF
CLAREMONT

Est 1898

Application Form

Request for Copies of Building Plans

<p>Please submit this form along with credit card details for payment by emailing to toc@claremont.wa.gov.au to the attention of building.</p> <p>or alternatively</p> <p>In person to our customer service team at our administration office: 308 Stirling Highway CLAREMONT WA 6010</p>	<p>Or by mail to Town of Claremont PO Box 54 CLAREMONT WA 6910</p>
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Property Details

Unit number: _____ Street number: _____ Lot number: _____
 Street Name: _____ Suburb: _____

Search Criteria

- | | |
|--|---|
| <input type="checkbox"/> Original plans (if available) | <input type="checkbox"/> Patio / Pergola / Gazebo |
| <input type="checkbox"/> Current building plans | <input type="checkbox"/> Swimming pool/Spa |
| <input type="checkbox"/> Current development plans | <input type="checkbox"/> Garage/Shed |
| <input type="checkbox"/> 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**

I _____ am the secretary/director of _____	
Print name	Company
And have the authority to sign on behalf of the nominated company.	

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

\$100.00 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. Viewing plans after lodgement of search request is by appointment only. Access hours are between 9.00am to 4.00pm (Monday to Friday).
4. **All plans located will be emailed to the address supplied.**

Payment Options

In Person: Council Offices Mon-Fri, 9.00am – 4.30pm

By Cheque: Mark cheques as Non Negotiable and payable to Town of Claremont

Credit Card: by phoning 08 9285 4300 Mon-Fri, 9.00am – 4.30pm or
by completing the attached credit card authorisation form

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:																				
<small>(Leave blank if received over the phone)</small>																				
Credit Card Information																				
Credit Card number:																				
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Name on Card:																				
Signature:																				

Office use only	
Received by:	
Authorised by:	Signature:
Date:	Invoice no:(if applicable)