



For office use only		
Date paid:    /    / 202	\$105.00	Receipt No:

## Application Form

### Request for Copies of Building Plans

Please submit this form along with credit card details for payment by emailing to <a href="mailto:toc@claremont.wa.gov.au">toc@claremont.wa.gov.au</a> 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 by mail to Town of Claremont PO Box 54 CLAREMONT WA 6910
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### Property Details

Unit number: \_\_\_\_\_ Street number: \_\_\_\_\_ Lot number: \_\_\_\_\_  
 Street Name: \_\_\_\_\_ Suburb: \_\_\_\_\_

### Search Criteria

- Original plans (if available)
- Current building plans
- Current development plans
- Other: \_\_\_\_\_
- Patio / Pergola / Gazebo
- Swimming pool/Spa
- Garage/Shed

### 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

**\$105.00** 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](http://www.claremont.wa.gov.au)

[toc@claremont.wa.gov.au](mailto: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)															
<b>Payee Details</b>															
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>															
<b>Credit Card Information</b>															
Credit Card number:															
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	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard														
Name on Card:															
Signature:															
Credit card surcharges apply as per the current Schedule of Fees on the Town's website.															

<b>Office use only</b>	
Received by:	
Authorised by:	Signature:
Date:	Invoice no:(if applicable)