

Burnett Country Certifiers Pty Ltd

12/58 Newton Street, MONTO QLD 4630 Phone: (07) 4166 3108 Facsimile: (07) 4166 3808 Email: monto@burnettcc.com.au

Application Details Form – Residential

(IMPORTANT: Please complete ALL SECTIONS IN FULL, as this information is used to complete IDAS Forms 1 and 2 on your behalf)

Extract From IDAS Form 1: Applicant details (note: the applicant is the person responsible for making the application and need not be the owner of the land. The applicant is responsible for ensuring the information provided on all IDAS application forms is correct. Any development permit or preliminary approval that may be issued as a consequence of the application will be issued to the applicant.)

Class: Type of Building Work: Site Address: Site Area: Slab Elevated N/A ha m² Flooring: Floor Area: Corner Block: m² Number of Storeys: Yes No Sewered: Yes Septic: **Town Mains:** Yes Yes No Tank: Yes No No No **Real Property Description:** Parish -Plan -Lot – Old Shire: Local Authority: Are there any existing development approvals for the premises, the subject of this application? Yes No APPLICANT'S DETAILS **Contact Name:** Name: Mailing Address: Landline Phone Number: Mobile Phone Number: **Facsimile Number: Email Address: OWNER'S DETAILS** Name: Contact Name: Mailing Address: Landline Phone Number: Mobile Phone Number: **Facsimile Number: Email Address: OWNER-BUILDER/CONTRACTOR'S DETAILS Contact Name:** Name: Mailing Address: Landline Phone Number: Mobile Phone Number: **Facsimile Number: Email Address: Owner-Builder's Number: QBCC License Number: Contract Value:**

By making this application, I declare that all information in this application is true and correct (NOTE: It is unlawful to provide false or misleading information), as the signatory I am confirming that I am the person that has completed this form.

Applicant's Signature:

Date:

EXPANATORY NOTES - APPLICATION DETAILS FORM – RESIDENTIAL

(NOTE: This page is to explain the first page. Only the first page is to be filled out and returned.)

Class:	Class 1a – Dwellings Class 10a – Sheds, Garages If unsure please contact us		Type of Bu	uilding Work:	Describe the type of building work that is to be carried out, e.g dwelling, shed, alterations and additions					
Site Add	ress: Loca	ation where	e building is	to be const	ructed					
Site Area: Size of the land which building is to be erected		which ding is to	Please tick Flooring:			Slab – concrete floor Elevated – timber floor N/A – no flooring, swimming pool, shade sail, etc				
Floor Area: Area of proposed building work		oosed ding work	m ² Number of Storeys: stor			mber of reys high Corner Block: Please tick yes or no Iding is				
Sewered	: Plea	ise tick yes o	Septi	c: Please	tick yes or	Town Mains:	Please tick no	yes or	Tank:	Please tick yes or no
Real Property Description: This information can be found on the owner's rates notice										
Local Authority: Local council Old Shire: If amalgamated please write in the old shire council										
Are there any existing development approvals for the premises, the subject of this application? Please tick yes or no										
APPLICANT'S DETAILS										
Name:			The person who is submitting the application (does not have to be the owner)			Contact Nan	ne:			
Mailing	Address:									
Landline Phone Number:		nber:				Mobile Phone Number:				
Facsimile Number:						Email Address:				
OWNER'S DETAILS		LS								
Name:			The person	who owns t	he property	Contact Name:				
Mailing Address:						_				
Landline Phone Number:						Mobile Phone Number:				
Facsimile Number:						Email Address:				
OWNER	-BUILDE	R/CONT	RACTOF	R'S DETA	ILS					
Name:			The owner-builder/contractor's details if applicable			Contact Name:				
Mailing	Address:	_	·	•		_				
Landline Phone Number:						Mobile Phon	Mobile Phone Number:			
Facsimile Number:						Email Addre	Email Address:			
Owner-Builder's Number:						QBCC License Number: If contract License nu				st have a QBCC
Contrac	t Value:	Value of b	uilding work	to be carrie	ed out					
D				· · · · · ·					TT. 14 !	

By making this application, I declare that all information in this application is true and correct (NOTE: It is unlawful to provide false or misleading information), as the signatory I am confirming that I am the person that has completed this form.

Applicant's Signature:

Date:

ABN: 51 159 617 428

ACN: 159 617 428

QBCC License No: A920444

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