

For office use only

Date paid: / /202

\$125.00

Receipt No:



Application Form

Request for Copies of Building Plans

Please submit this form along with credit card details for payment by emailing to toc@claremont.wa.gov.au 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 post to

Town of Claremont
PO Box 54
CLAREMONT WA 6910

Property Details

Unit number: Street number: Lot number:

Street Name: Suburb:

Search Criteria

☐ Original plans (if available)

☐ Patio / Pergola / Gazebo

☐ Current building plans

☐ Swimming pool/Spa

☐ Historical building plans

☐ Garage/Shed

☐ 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 below**

I _____
Print name

am the secretary/director of _____
Company

and have the authority to sign on behalf of the nominated company

Signature

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

\$125.00 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. **All plans located will be emailed to the address supplied.**

Payment Options

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

Credit Card: by phoning 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:			
(Leave blank if received over the phone)			
Credit Card Information			
Credit Card number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-	<input type="text"/>	<input type="text"/>	<input type="text"/>
-	<input type="text"/>	<input type="text"/>	<input type="text"/>
-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date:		Security number:	Credit Card type:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
/	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on Card:		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Signature:			
Credit card surcharges apply as per the current Schedule of Fees on the Town's website.			

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