

Application to Amend Building Permit

Building Services

Building Act 1993 | Building Regulation 2018

**Need Help?**

Please contact Building Services if you need help completing this form or if you are unsure about the information we need to process the application. You can also visit [www.maroondah.vic.gov.au](http://www.maroondah.vic.gov.au) or call us on 1300 88 22 33 or (03) 9298 4598. **You can also apply online.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant / Owner Details** | | | | | | | |
| Title |  | First Name |  | | Surname |  | |
| Property Address | |  | | | | Postcode |  |
| Postal Address | |  | | | | Postcode |  |
| Contact Person | |  | | Phone | |  | |
| Mobile | |  | | ABRN/ACN | |  | |
| Email\* | |  | | | | | |
| **Please note:** The applicant contact person will be the main point of contact for the permit application. If the applicant is not the Owner of the Property, an Agent’s Authority Declaration form will need to be completed and submitted with the application paperwork. | | | | | | | |

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| **Details of Amended Works** | | | | | | | |
| Please advise the description of Amended Works | | | | | | | |
|  | | | | | | | |
| **Builder Details (if amended from Original Application)** | | | | | | | |
| Name |  | | Company (if applicable) | | |  | |
| Postal Address | |  | | | | Postcode |  |
| ABRN/ACN | |  | | | Phone |  | |
| Building Practitioner Registration Number | | | |  | | | |
| Email\* | | | | | | | |
| **Please note:** If the builder is carrying out domestic building work under a major domestic building contract, attach an extract of the major domestic building contract showing the names of the parties to the contract in relation to the proposed building work and a copy of the certificate of insurance (if applicable) | | | | | | | |

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| **Owner Builder (If amended to Owner Builder)** | | | |
| I intend to carry out the work as an Owner-Builder | Yes | No |
| Owner Builder Certificate of Consent number (if applicable) |  | |

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| --- | --- | --- | --- | --- | --- |
| **New Building Practitioner and/or Architect engaged to prepare documents for this permit** | | | | | |
| List any **NEW** building practitioner or architect engaged to prepare documents forming part of the application for this permit | | | | | |
| Name |  | Category/Class |  | Registration No |  |
| Name |  | Category/Class |  | Registration No |  |
| Name |  | Category/Class |  | Registration No |  |

|  |  |  |
| --- | --- | --- |
| **Amended Cost of Building Work** | | |
| Is there a contract for the building works? | Yes | No |
| If yes, state the contract total | $ | |
| If no, state the estimated cost of the building work (inc. the cost of the labour and materials) and attach details of the method of estimation. | $ | |

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| **Application Declaration** | | | |
| I (the applicant) hereby apply to the Municipal Building Surveyor of Maroondah City Council to amend the building permit based on the above details. | | | |
| Signature |  | Date |  |

|  |  |
| --- | --- |
| **Application Checklist** | |
|  | Completed and signed application form |
|  | A copy of Amended Architectural drawings showing compliance with relevant building regulations prepared by the owner or a registered building practitioner in the category of draftsperson drawn to a DRAFTPERSON LIKE STANDARD. | |

Fees

An application for an amendment to a building permit attracts a fee of:

|  |  |
| --- | --- |
| Building Class 1 & 10 | $385.00 |
| Building Class 2-9 | $610.00 |

Lodgment Options

Application can be posted to *PO Box 156 Ringwood 3134.*

Applications can be made in person at our Customer Service Centres:

**Realm,** Ringwood Town Square, 179 Maroondah Highway, Ringwood (Opposite Ringwood Station)

Hours: 9am-8pm Monday - Friday, 10am-5pm Saturday, Sunday and public holidays

**Croydon Library,** Civic Square, Croydon

Hours: 8.30am-5pm Monday - Friday

Privacy Collection Notice

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - [privacy@maroondah.vic.gov.au](mailto:privacy@maroondah.vic.gov.au)

OFFICE USE ONLY **Payment Details (internal use only)**

AP: Prepayment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Paid: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Cashier Use:** Fee $385.00 or $610.00 inc GST AP PP/BLD Payment Type: Cash/Cheque/EFTPOS

Receipt Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_