



# BUSHFIRE SERVICES REQUEST FORM

- Traditional Bushfire Report       BAL Certificate       Bushfire Risk Assessment Report

## THE APPLICATION

DATE OF APPLICATION:

## LAND TO BE DEVELOPED

Lot No.:  Deposited Plan:   
House No.:  Street Name:   
Suburb:  Post Code:   
Area (m<sup>2</sup>):  Section/Folio:

## THE DEVELOPMENT

Description of Development:

## ACCESS

Contact Person:  Phone:

## BUILDER / OWNER BUILDER

Name:   
Postal Address:   
Licence No.:   
Contact No.:  Fax / E-mail:

## THE APPLICANT/OWNERS

	Owner 1 / Applicant	Owner 2	Owner 3	Owner 4
First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## BILLING DETAILS

Applicant      Company Name:   
 Builder      Address:   
 Other (Please provide details)      Phone:



# OWNERS CONSENT

## OWNERS CONSENT

I/we the owners of the subject property hereby give consent for the lodgement of this request and associated documentation to Local Consultancy Services Unit Trust for consideration.

I/we also give authorisation for the entry by Local Consultancy staff onto the subject premises and any other properties owned by the Applicant that provide access to the subject site.

## SIGNATURES

### THE APPLICANT/OWNERS

Owner 1 / Applicant

Signed: \_\_\_\_\_

Name *(Please Print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Owner 2

Signed: \_\_\_\_\_

Name *(Please Print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Owner 3

Signed: \_\_\_\_\_

Name *(Please Print)*: \_\_\_\_\_ Date: \_\_\_\_\_

Owner 4

Signed: \_\_\_\_\_

Name *(Please Print)*: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMATION REQUIRED TO ACCOMPANY THIS REQUEST

REQUIREMENT	COPIES	PROVIDED	N/A
Site Plan	1	<input type="checkbox"/>	<input type="checkbox"/>
Contour Plan	1	<input type="checkbox"/>	<input type="checkbox"/>
Architectural Plans	1	<input type="checkbox"/>	<input type="checkbox"/>
Owners details		<input type="checkbox"/>	<input type="checkbox"/>
Access details		<input type="checkbox"/>	<input type="checkbox"/>
Gate keys (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Fee Proposal		<input type="checkbox"/>	<input type="checkbox"/>

Please email this completed form with the required information to [bushfire@localgroup.com.au](mailto:bushfire@localgroup.com.au)