



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 (m²): 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