

Asset Protection Permit Application

Office Use Only

Permit Number **APP**.....

Applicant Details:

Name: _____
 Address: _____
 Town/Suburb: _____ Postcode: _____
 Telephone: _____ Email: _____
 Applicants Signature: _____ Date ___ / ___ / ___

Property or Area for Which Permit is sought:

Address: _____
 Town: _____ Postcode: _____
 Description of Works: _____
 Commencement Date of Works: _____
 Builder: _____
 Site Contact Name: _____
 Site Contact Telephone Number: _____

Pre-existing Damage to Assets:

Provide a detailed sketch of any pre-existing damage to assets on page 2 of this form; ensure photographs of all damaged assets are also included with this application.

If Lodging Application by mail, email or fax – please complete the payment section below:-

Amount Payable - \$50.00 (GST free)

Cheque (attached)

Credit Card

Card No:

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Expiry Date:

		/				
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Cardholder's Name: _____

Cardholder's Signature: _____

Address:

PO Box 243
 (34 Lyle Street)
 Warracknabeal Vic 3393

Email:

info@yarriambiack.vic.gov.au

Phone/Fax:

Technical Services Department
 phone: (03) 5398 0111
 fax: (03) 5394 1802

Pre-existing Asset Damages Report

Property or Area for Which Permit is sought:

Address: _____ Town: _____ Postcode: _____

Sketch details of any pre-existing damage to assets below:-

Signed: _____ Owner/ Builder Date ___ / ___ / ____

ATTACHED ARE PHOTOGRAPHS OF ALL DAMAGED ASSETS

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Warracknabeal Vic 3393

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