



Offices: 102 North Road
 Postal Address: PO Box 484, ALBANY WA 6331
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 Email: building@albany.wa.gov.au
 Synergy Reference No: NF06686

APPLICATION FOR DEMOLITION LICENCE (Form 2)

Local Government (Miscellaneous Provisions) Act 1960, s. 374
 Building Regulations 1989, reg. 10(2)

BUILDING TO BE DEMOLISHED	Address		No.	Street Name		
	Suburb			Post Code		
	Lot/Location No.					
	Certificate of Title:			Volume:		Folio:
	To be demolished:					
	<input type="checkbox"/> Whole of building		<input type="checkbox"/> Part only of building.			
	Give details		Give Details:			
	Building Materials: Wall:		Roof :		Other:	
Is any Asbestos being removed?		YES		NO		
Number of Storeys:						
Previous Use or Classification:						
Estimated Completion Date:						

OWNER	Name:				
	Address:				
	Signature:			Date:	

DEMOLITION CONTRACTOR	Demolition Licence No:				
	Name:				
	Address:				
	Phone Number:		Fax Number		Email
	Signature:			Date:	

APPLICANT	Name:				
	Address:				
	Phone Numbers: (H):		(W):		
	Fax Number:		Email:		
	Signature:			Date:	

Please Note: The building is to be rat baited for a minimum of 7-10 days prior to its removal to ensure that it is not rat infested.
 Application Fee: \$50.00 per storey

OFFICE USE ONLY	
Town Planning Scheme No: _____ Zone: _____ Assessment No: _____ Map Ref No: _____ Fee: _____ Date Informed Applicant Licence Ready ___/___/___ Officer: _____	CASHIER Receipt No: _____ Amount: _____ Signature: _____ Date: _____

Demolition Licence – Checklist

Please complete the following and then lodge this checklist with the Application.



YES ✓

1. Are there 2 copies of a site plan? Scale 1: 100. (Minimum scale 1:200)
2. Does the site plan show all existing buildings and nominated buildings to be demolished?
3. Indicate the number of buildings to be demolished? Number:
4. Indicate number of storeys? Number:
5. Is there an existing septic system on site?
6. Has the septic system been pumped out and refilled with clean sand?
7. Is a licence required for the deposit of materials on the footpath or to erect scaffolding or hoarding over the footpath? A separate application is to be submitted.

Applicant's Name: _____ Date: ___/___/___

All the above information must be provided otherwise Council will not accept the application.

City of Albany Receiving Officer's Signature: _____ date: _____

Cashier Use		
Fee Code	Amount	Description
DEMO		If Q3 ticked fees \$50 per building,
DEMO		If Q4 ticked additional \$50 per storey above ground floor.
Total fees payable		
Receipt number		
Receipt Date		
Officer s name		