# APPLICATION FOR REFERRAL AGENCY ADVICE
## Alternative Siting Assessment
## Amenity and Aesthetics
## Removal / Reinstatement and Demolition Building Security Amount

B0001 V2

**Applicant's Checklist – Please ensure the following information has been lodged with your application:**

- ☐ 1:200 site plan (2 copies) showing 1m contours, north point, boundaries and boundary setbacks to walls and fascias of buildings and or structures. (A reference number is to be included on each plan / drawing).
- ☐ 1:100 floor plan (2 copies) showing layout and use of rooms. (A reference number is to be included on each plan / drawing).
- ☐ 1:100 elevations (minimum front and 1 side) (2 copies) showing overall height of structures from natural ground and extent of cut and fill. (A reference number is to be included on each plan / drawing).

**For House Removals Only:**

- ☐ Photographs of the four elevations of the building.
- ☐ A copy of an Asbestos Register Report in accordance with the Workplace Health and Safety Regulations 1997 from a laboratory accredited with the National Association of Testing Authorities (NATA); or
- ☐ If the Asbestos Register Report states that the asbestos poses a risk to occupants, a Clearance Inspection Report from a laboratory accredited with the National Association of Testing Authorities (NATA) conducted in accordance with the *Code of Practice for the Management and Control of Asbestos in Workplaces* [NOHSC: 2018 (2005)] must be submitted.

**NB: All material containing asbestos including wall sheeting, eave lining, roofing and flooring must be removed at the current site before relocation occurs. A Clearance Inspection Report from a laboratory accredited with the National Association of Testing Authorities (NATA) conducted in accordance with the *Code of Practice for the Management and Control of Asbestos in Workplaces* [NOHSC: 2018 (2005)] must be submitted to Council prior to the issue of the Letter of Final Approval for the movement of the dwelling.**

**Type of Referral – Concurrence Agency Advice:**
**(An individual assessment fee is required for each referral type)**

| | | |
|---|---|---|
| ☐ | Amenity and aesthetics consideration | Under Schedule 7, Table 1(17) of the SPR |
| ☐ | Siting variation | Under Schedule 7, Table 1(19/20/21) of the SPR |
| ☐ | Removal building security amount | Under Schedule 7, Table 1(17 and 25) of the SPR |
| ☐ | Reinstatement building security amount | Under Schedule 7, Table 1(17 and 25) of the SPR |
| ☐ | Demolition building security amount | Under Schedule 7, Table 1(17 and 25) of the SPR |

| **Applicant Details** | |
|---|---|
| Name: | |
| Postal Address: | |
| | Postcode: |
| Telephone Number: | Mobile Number: |
| Facsimile Number: | |
| Email: | |
| Signature: | |
| Date: | |

**Information Privacy Collection Notice**

Ipswich City Council is collecting your personal information in accordance with the *Sustainable Planning Act 2009* so that we can process you application and perform our responsibilities under the Act. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions we may need to disclose your personal information to the Chief Executive who may in turn make this information available to others in accordance with the Act. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

| Property Details | |
|---|---|
| Address: | |
| | Postcode: |
| Current Lot Number: | |
| Plan Number: | |

| Owner's Consent | |
|---|---|
| Name: | |
| Postal Address: | |
| | Postcode: |
| Telephone Number: | |
| Signature<br>(Company Seal or ACN): | |
| Date: | |

| Details of Request |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Grounds for consideration / variation<br>(Attach additional paper, if required) |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

## Additional Information
**(House Removal / Reinstatement only)**

| | |
|---|---|
| Present address of building to be removed / reinstated: | |
| | Postcode: |
| Contact person for inspection: | |
| Telephone Number: | |
| Present address of building to be removed / reinstated: | |
| Name and address of removalist: | |
| | Postcode: |

**Brief description of existing building construction:**

Floors: _____ Walls internal: _____

Walls external: _____ Roofing material: _____

**Brief description of any intended alterations, additions or renovations.**
**This section must be completed. Tick if applicable:**

- ☐ New roofing material and guttering
- ☐ Replace floors
- ☐ Remodel bathroom
- ☐ Reline internal walls
- ☐ Elevate / lower building to _____millimetres above ground level
- ☐ Build in under the building
- ☐ Rearrange layout of the rooms

## Description of other works proposed