PROPERTY INFORMATION REQUEST



Suite 3, 55-57 Wangara Rd Cheltenham 3192

P 8795 7955

contactus@advancecsi.com.au

APPLICANT	
Application Date:	_From:
Contact Name:	_Email:
	Mobile:
Who is responsible for payment?	
When info available, where should it be sent?	
PROPERTY DETAILS	
Lot No:Street No:	_Street Name:
Suburb:	_Municipality:
-	_Estate Name (if applicable):
	With Basement? YES NO (please tick or circle)
(eg Single / Double storey dwelling / alteration to existing / Unit development)	
PROPERTY OWNER	
Owner Name:	
Postal Address:	
Email:	_Phone:
 * APPLICANT TO ATTACH THE FOLLOWING DOCUMENTS: Title, Plan of Sub, Site Plan, Elevations * TITLE AVAILABILITY: Please order Title on my behalf when available I have included Title with this application I have previously provided ABS with copy of Title 	
* ESTIMATED TITLE RELEASE DATE (MONTH? YEAR?):	
PLEASE ORDER ON OUR BEHALF:	
Building Department Information:	Yes □ No □ Already Obtained
Planning Department Information:	Yes No Already Obtained
Legal Point of Discharge:	Yes No Already Obtained
Sewer/Septic Information:	Yes No Already Obtained
BAL (Bushfire) Assessment:	□ Yes □ No/Not Designated □ Already Obtained
Section 29a Certificate:	□ Yes □ No/Not Applicable □ Already Obtained
Please note additional info if required:	
OFFICE USE ONLY Deposit Paid? Yes Date:Amount \$Amount \$Am	Rec'd by:(Initial)