

REFERRAL APPLICATION FORM

PLEASE TICK ONE OPTION

- I am seeking an EARLY REQUEST for referral agency assessment, OR
- I am a building certifier and submitting a PROPERTY REFERRED application for assessment

APPLICANT DETAILS

Applicant Name			
Applicant Postal Address			
Contact Number			
Mobile Number			
Email			
APPLICANT SIGNATURE		DATE	

SITE DETAILS

Property Description	Address:		
	Lot and Plan:		
Existing Land Use			

PROPOSAL DETAILS

Plans (to scale)	Site Plan <input type="checkbox"/>				
	Elevation Plan <input type="checkbox"/>				
Proposed Structure/s					
Dimensions of Structure/s					
Max Height of Structure/s					
Proposed Use of Structure/s					
Distance to Boundary		(m) FRONT		(m) SIDE	(m) REAR

OFFICE USE ONLY

OFFICER		DATE		RECEIPT NO	
ASSESSMENT NUMBER					

PRIVACY STATEMENT

Mount Isa City Council is committed to maintaining the accuracy, confidentiality and security of personal information. As part of this commitment our privacy policy governs our actions as they relate to the collection, use and disclosure of personal information under the Right to Information and Information Privacy Act 2009 and the Public Records Act 2002.