

# Asset Protection Permit

Office Use Only			
Trim Reference		Assessment No	
Building Permit No		Receipt	

Property details			
Lot No		Street No	Street Name
Suburb		Postcode	

Applicant details			
Name			
Address			
Suburb		Postcode	
Phone/Mobile		Email	

Application fee: \$180			
By signing the application, I agree that I have read, acknowledged, and accepted all of the terms and conditions, and disclosures relating to this document.			
Signature		Date	

Owner's details			
Last Name		First Name	
Postal Address		Postcode	

**FIRST INSPECTION** is subject to the conditions detailed on the reverse of this form, or attached and payment of the prescribed fee.

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<b>FIRST Inspection by</b>		<b>Approved (SCS Officer)</b>		<b>Date</b>	
<i>POST-BUILDING/ DEMOLITION DAMAGE</i>					
The personal information requested on this form is being collected by the Council for processing this permit. This information will used solely by the Council for that primary purpose or directly related purposes. If you fail to provide this information, your application may not be processed.					
<b>FINAL Inspection by</b>				<b>Date</b>	

Surf Coast Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. The information will be used for the primary purpose it was collected or any related purpose for which the individual would reasonably expect Council to use or disclose the information. The information will not be disclosed to any other party unless Council is required to do so by law.

TRIM Ref	
Receipt No	
Building Permit No	
Property No	

Payment for	Address
<input type="checkbox"/> Asset Protection Permit <input type="checkbox"/> Road Opening Permit <input type="checkbox"/> Vehicle Crossing Permit	

### Payment Details

- Cash  
 Cheque (cheque attached)  
 Credit Card (complete details below)

VISA                       MASTERCARD

 
      
      

CVV number (last three digits on reverse side of card)

Expiry date   /

Payment amount: \$ \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_