



Opes Building Solutions
ABN: 93613 578 493

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Form 1
Building Act 1993
Building Regulations 2018

Regulation 24

APPLICATION FOR A BUILDING PERMIT

To: Relevant Building Surveyor – OPES Building Solutions
PO Box 362, GLENROY VIC 3046

From:

: _____

ACN* / ARBN*: _____

Postal address: _____

_____ Postcode: _____

Address for serving or giving documents: _____

_____ Postcode: _____

Contact Person: _____ Telephone: _____

Email: _____

† Indicate if the applicant is a lessee or license of Crown land to which this application applies
(tick if applicable).

Contact Person: _____ Telephone: _____

Lessee responsible for building work:

† Indicate if a lessee of the building, of which parts are leased by different persons, is responsible
for the alterations to a part of the building leased by that lessee (tick if applicable).

Ownership Details (if agent of owner listed above):

Name of owner(s): _____

ACN* / ARBN*: _____

Postal address: _____

_____ Postcode: _____

Contact Person: _____ Telephone: _____

Email: _____

Property Details:

Address: _____

Suburb: _____ Postcode: _____

Lot/s:	Volume:	Folio:
LP/PS:	Crown Allotment:	Section:
Parish:	County:	Allotment Area (m ²):
Municipal District:		

Land owned by the Crown or a public authority

Builder:

Name: _____

ACN* / ARBN*: _____

Building practitioner registration no.: _____

Postal address: _____

_____ Postcode: _____

Contact Person: _____ Telephone: _____

Email: _____

[If the builder is carrying out domestic building work under a major domestic building contract, attach an extract of the major domestic building contract showing the names of the parties to the contract in relation to the proposed building work and a copy of the certificate of insurance (if applicable).]

Natural person for service of directions, notices and orders (if builder is a body corporate):

Name: _____ Telephone: _____

Postal address: _____

_____ Postcode: _____

Owner Builder:

I intend to carry out works as an owner builder.

Owner builder certificate of consent no. (if applicable) _____

