



Australian
Capital Territory
Government

Planning and Land
Management

Unit Titles Act 2001 - Form 7

Provisional Building Damage Order Certificate

When should you use this form?

This form should be completed when applying for a certificate certifying that the elimination or reinstatement of a building or part of a building or a unit or part of unit in a units plan is exempt from the requirement to obtain development approval under part 6 of the Land Act.

Please supply the following with your application:

- plans for the elimination or reinstatement of the building(s)/unit(s)
- the application fee;
- if you are an agent: authority to act on behalf of the owners corporation or unit owner;
- any additional information necessary to finalise your application.

Privacy Notice: The personal information on this form is being collected to enable processing of your application. Collection of personal information is authorised by Part 15 of the Unit Titles Act 2001.

Part 1: Lease/Site details

Block

Section

Suburb

Units No.

Street address

Part 2: Applicant details

Surname or Company name

Title / First Name / Initials or
Australian Company Number (ACN)

If a company Name of contact person

Postal address

Suburb

State/Territory

Postcode

Phone number (business hours)

Fax number

Email

OFFICE USE ONLY

Fees

Date received

 / /

Receipt number

Receiving officer



Part 3: Applicant's declaration

I/we the undersigned, being the applicant(s) nominated in this application, hereby apply for a provisional building damage order certificate described in this application on the land specified in this application.

I/we hereby authorise ACT Government Officers to access the subject property(s) for the purpose of evaluating the proposal.

I/we understand that payment of additional fees may be required.

I/we declare that all the information I/we have given on this form and its attachments is true and complete.

Signature(s) _____

If a company, capacity/authority _____

Date / / _____

Part 4: Unit Owner/Owners corporation details

1st Unit Owner/Executive Member's details (If the same as applicant, write 'see applicant')

Surname or Company name _____

Title / First Name / Initials or
Australian Company Number (ACN) _____

If a company Name of contact person _____

Postal address _____

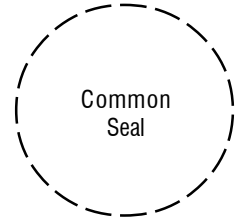
Suburb _____ State/Territory _____

Postcode _____

Phone number (business hours) _____

Fax number _____

Email _____



Unit Owner/Executive Member's Signature

Signature _____

2nd Unit Owner/Executive Member's details

Surname or Company name _____

Title / First Name / Initials or
Australian Company Number (ACN) _____

If a company Name of contact person _____

Postal address _____

Suburb _____ State/Territory _____

Postcode _____

Phone number (business hours) _____

Fax number _____

Email _____

2nd Unit Owner/Executive Member's Signature

Signature _____

