



FORM 5

APPLICATION FOR OCCUPANCY PERMIT

Regulation 1002
Building Act 1993
Building Regulations 2006

TO: WODONGA BUILDING SERVICES
PO Box 923, Wodonga, VIC 3689

Permit No:

From

Owner or Agent:

Postal address:

Phone:	Mobile:	Fax:
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Contact person:

Property details

Number:	Lot No:	Street name:
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Town name:	Municipal district:
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Crown allotment:	Section:	Volume:	Folio:
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LP/PS:	Lot/s:
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Building practitioners and architects who were engaged in the building work 1

Name:

Category/Class:	Registration No:
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Name:

Category/Class:	Registration No:
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NOTE: Include building practitioners who were involved in the building work and who were not known or not listed at time of completion of application for building permit.

Signature of owner or agent:	Date:
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