

# Asset Protection Permit Application

Office Use Only

Permit Number **APP**.....

## Applicant Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Property or Area for Which Permit is sought:

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Description of Works: \_\_\_\_\_

Commencement Date of Works: \_\_\_\_\_

Builder: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_

Site Contact Telephone Number: \_\_\_\_\_

## Pre-existing Damage to Assets:

Provide a detailed sketch of any pre-existing damage to assets on page 2 of this form; ensure photographs of all damaged assets are also included with this application.

## **If Lodging Application by mail, email or fax – please complete the payment section below:-**

### **Amount Payable - \$60.00 (GST free)**

Cheque (attached) ☐

Credit Card ☐

Card No: 

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Expiry Date: 

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Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### **Address:**

PO Box 243  
 (34 Lyle Street)  
 Warracknabeal Vic 3393

### **Email:**

[info@yarriambiack.vic.gov.au](mailto:info@yarriambiack.vic.gov.au)

### **Phone**

Technical Services Department  
 phone: (03) 5398 0111

## Pre-existing Asset Damages Report

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**Property or Area for Which Permit is sought:**

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Sketch details of any pre-existing damage to assets below:-**

Signed: \_\_\_\_\_ Owner/ Builder Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ATTACHED ARE PHOTOGRAPHS OF ALL DAMAGED ASSETS**

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