



Coastline Building Certification Group P/L

2/47 Greenway Drive
Tweed Heads South NSW 2486
PO Box 243 Banora Point NSW 2486
Ph: 07 5523 2629
Fax: 07 5523 2722

Application for Development Permit (Building)

Application No.: _____

Date Received: _____

Applicant's Details

Name(s) _____

Address _____

Town _____

Postcode _____ Phone _____

Fax _____ Mobile _____

Email _____

Signature

Date _____

Owner's Details (All owner's details required)

Name(s) _____

Address _____

Town _____

Postcode _____ Phone _____

Fax _____ Mobile _____

Email _____

Signature(s)

Date _____

Builder's Details

Name _____

Postal Address _____

Licence No _____ Phone _____

Fax _____ Mobile _____

Property Details

Street _____

Locality _____

Lot No(s) _____ DP No(s) _____

Sec No _____ House No. _____

Proposed Work

What type of work do you propose to carry out?

Description of Work

Estimated Construction Cost

Number of Storeys (including underground floors)

Gross floor area of new building (m²)

Gross site area (m²)

Date: _____

Gold Coast City Council
PO Box 5042
Gold Coast Mail Centre Qld 9729

Dear Sir

Proposed Development: _____

Property: _____

I hereby give consent to Coastline Building Certification Group P/L to: -

1. Collate and lodge all development related applications on my behalf;
2. Issue the building approval;
3. Carry out building inspections.

Please direct all correspondence and enquiries relating to this application to Coastline Building Certification Group P/L, PO Box 243, Banora Point, NSW, 2486, telephone 07 5523 2629.

Yours faithfully

Signature/s

Please note signature of **all** land owners is required

Land Owners Name/s

(if a company please provide the
ACN or company seal)

Address

Telephone
