Approved form AF2002-229

approved by the delegate of the Minister for Planning on 21 November 2002 under the

Unit Title Act 2001, s 180 (Approved Forms)

Unit Title Act 2001 - Form 2

(see s 149)

Australian Capital Territory

Application for a Boundary Authority

(See attached form entitled Application for a Boundary Authority)



Planning and Land Management

OFFICE USE ONLY Fees

Date received

Receipt number

Receiving officer

Unit Titles Act 2001 - Form 2

Application for a Boundary Authority

When should you use this form?

Part 1:

This form should be completed when applying for a minor internal boundary change of a Units Plan.

Please supply the following with your application:

- the original plus four (4) paper copies of the relevant forms being amended which have been prepared by a registered surveyor;
- · surveyor's checklist;
- · certification of the Unit Entitlement by a Member of the Institute of Valuers;
- copy of the unanimous resolution of the owners corporation dated within 3 months of submitting this application;
- copies of the written agreement of each interested non-voter where applicable;
- · the application fee;

Lease/Site details

- if you are an agent: authority to act on behalf of the owners corporation;
- · 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.

Block	
Section	
	 I
Suburb	
Units Plan No.	
Street address	
Part 2: Applicar	nt 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	
State, formerly	
Postcode	
Phone number (business hours)	
Fax number	
Email	

Part 3: Applicant's declaration

I/we the undersigned, being the applicant(s) nominated in this application, hereby apply for approval for a minor internal boundary change(s) 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.

Common Seal

Signature(s)) [
If a company, capacity/authority		
Date		
Part 4: Owners	corporation	details
1st Executive Member's details (If the	1	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	I	
Executive Member's Signa	iture	
Signature		
2nd 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 Executive Member's S	ignature	
Signature		