



# PROVISIONAL BUILDING DAMAGE ORDER CERTIFICATE

Form 7

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 a unit in a units plan is exempt from the requirements to obtain development approval under Part 7 of the *Planning and Development Act 2007*

## Lease/Site Details *Please Print*

If more than one lease/site, attach the following details for each lease/site

Block

Section

Suburb

Units Plan Number

Street Address

Postcode

## Applicant Details *Please Print*

Surname

First Name

Company Name

Postal Address

Suburb

State

Postcode

Phone Number  
Business Hours

Mobile

Email Address

**Unit Owner/Owners Corporation Details** *Please Print*

**1<sup>st</sup> Unit Owner/Executive Member's Details**

Surname	<input type="text"/>	First Name	<input type="text"/>
Company Name	<input type="text"/>		
Position held in company	<input type="text"/>	Australian Company/Business Number (ACN/ABN)	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone Number Business Hours	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

**2nd Unit Owner/Executive Member's Details**

Surname	<input type="text"/>	First Name	<input type="text"/>
Company Name	<input type="text"/>		
Position held in company	<input type="text"/>	Australian Company/Business Number (ACN/ABN)	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone Number Business Hours	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>		

**Description of Building Work** *Please Print*

**Please tick appropriate box**

- Elimination of a building or part of building or a unit or part of a unit

- Reinstatement of a building or part of building or a unit or part of a unit

## Description

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### Approved Plans

Are there copies of plans for the elimination or reinstatement of the building(s)/unit(s) for the land specified in this application attached?

- NO  
 YES

### Conflict of Interest Declaration

Does the applicant or lessee have any association with Planning and Land Authority staff?

- NO  
 YES

If YES - please provide details:

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**NOTE: There are penalties for deliberately giving false and misleading information. The Planning and Land Authority or Minister may revoke an approval if satisfied that the approval was obtained by fraud or misrepresentation.**

### Applicant and Owners Corporation Declaration

I/we the undersigned, hereby apply for a provisional building damage order certificate on the land specified in this application;

I/we declare that this application is accompanied by all of the required information or documents for it to be considered for approval;

I/we understand that the documentation provided will be considered to be the relevant documentation associated with this application;

I/we the undersigned appoint the applicant whose signature appears below to act on my/our behalf in relation to this application for a provisional building damage order certificate. This authorises the applicant to pay all application fees, bonds and securities, liaise with the Planning and Land Authority when required, alter, amend or provide further information as necessary and receive any communications relating to this application for a provisional building damage order certificate;

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

**If signing on behalf of a company or organization:**

I/we the undersigned, declare I/we have the appropriate delegation or authority to sign on behalf of the company or organisation.

Applicant Signature (s)  Date

1<sup>st</sup> Unit Owner/Executive Member's Signature  Date

2<sup>nd</sup> Unit Owner/Executive Member's Signature  Date

**Contact Details:**

Environment and Sustainable Development Directorate

Customer Service Centre

GPO Box 1908, Canberra City 2601

16 Challis Street, Dickson ACT 2602

Business Hours: 8.30am to 4.30pm weekdays (excluding Public Holidays)

Phone: (02) 6207 1923

Fax: (02) 6207 1925

TTY: (02) 6207 2622

**Email:** [actpla.customer.services@act.gov.au](mailto:actpla.customer.services@act.gov.au) **Website:** [www.actpla.act.gov.au](http://www.actpla.act.gov.au)

**Privacy Notice**

The personal information on this form is being collected to enable processing of your application. Collection of personal information is authorised by the *Unit Titles Act 2001*. The information that you provide may be disclosed to Government Agencies such as the ACT Revenue office and the Registrar-General's Office.