

APPLICATION FOR INTENTION TO BUILD INCENTIVE SCHEME REMISSION 25/26

Property ID _____

Property Address _____

Title(s) _____

Property Owner(s) _____

APPLICANT DETAILS

First Name _____

Last Name _____

Postal Address _____

Suburb _____ State _____ Postcode _____

Contact Number(s) M: _____ H: _____

Email Address _____

DEVELOPMENT DETAILS

Development Description _____

Please ensure you have attached:

Certificate of Occupancy

First Home Owner Grant (If applicable)

Disclaimer

By completing and lodging this form, electronically or by hard copy, you agree to the terms set out in West Coast Council's Privacy Policy which is available on our website.

SIGNATURE

_____/_____/_____
DATE

RETURN COMPLETED FORMS TO:

Customer & Corporate Services

P: (03) 6471 4700

E: wcc@westcoast.tas.gov.au

PO BOX 63 QUEENSTOWN TAS 7467

11 STICHT STREET QUEENSTOWN TAS 7467

