



City of Salisbury
ABN 82 615 416 895

34 Church Street
PO Box 8
Salisbury SA 5108
Australia

Telephone 08 8406 8222
Facsimile 08 8281 5466
city@salisbury.sa.gov.au

www.salisbury.sa.gov.au

REQUEST FOR COPIES OF PLANS/DOCUMENTS FROM DEVELOPMENT APPLICATIONS

NAME: _____

POSTAL ADDRESS: _____

_____ Post Code: _____

CONTACT NUMBER: _____ EMAIL: _____

ADDRESS OF SUBJECT LAND PLANS/DOCUMENTS REQUESTED FOR:

INFORMATION REQUESTED (Tick appropriate boxes):

- | | |
|--|--|
| <input type="checkbox"/> Plans | <input type="checkbox"/> Roofing Layout |
| <input type="checkbox"/> Elevations | <input type="checkbox"/> Structural Calculations |
| <input type="checkbox"/> Tree Report <i>(tree applications only)</i> | <input type="checkbox"/> Engineering Reports |
- (Note: Documents may not be acceptable for future Development Applications)*

REASON FOR REQUIRING PLANS: _____

FEE: Residential Search Fee \$54 * * to be paid upon request of information
Commercial / Industrial Search Fee \$135 *
Offsite File Retrieval \$46.00 (inc. GST) to be paid upon completion if required

- Please note:** - Search fee is non-refundable.
- Council may not have the details sought.
- Details will be emailed within 7-10 business days, subject to availability of information.
- The fee includes up to 50 pages of A4 or A3 pages of photocopies if requested.
* Should excess photocopying be required an additional charge will apply.

I, the above named person, certify that I am the owner of the subject land of the above property, or have the written authorisation (including photo ID) of the owner of the land.

SIGNATURE: _____

DATE: / /

	Ownership verified	Proof of ID sighted	Correct info requested	Verifier's Name	Date
Code: DSS	YES / NO	YES / NO ID #	YES / NO		

NOTE: To be verified by planner or builder before fees receipted

	Fee (\$)	Receipt No.	Fee Received by...	Date
Search Fee				



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PROPERTY OWNER'S CONSENT

I _____ (*print full name*) being the registered
owner of the property located at (*property address*) _____

hereby consent to obtaining copies of documents requested by:

Name (insert full name): _____

of (Company/Business Name): _____

Any conditions: _____

Contact Number: _____

Email: _____

Owner Signature: _____

Date: / /