# Demolition Checklist

To apply for a demolition permit

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| **Requirements under the Act** | **Compliance Checklist** |
| **No.** | **Requirement** | **Complies****(Please Tick)** | **Not Applicable****(Please Tick)** |
|  **Form** |
| 1 | Application must be on the correct form BA5* To be completed in full
* To be signed by Applicant
 |   |  |
| 2 | Address of property |    |   |
| 3 | Name, address, contact details and signature of each owner (preferably with copy of the Certificate of Title and diagram) |   |   |
| 4 | Demolition Contractor Details* Name and registration number (Demolition & Asbestos removal)
* Postal address
* Email address and phone number
* Signature
 |   |  |
|  **Plans and Documents** |
| 5 | Two copies of a site plan highlighting the structures to be removed. |   |  |
| 6 | Photos of the structures to be removed. |    |   |
| 7 | Copies of consent or Court Order for building work adversely affecting other land |   |   |
| **No.** | **Requirement** | **Complies****(Please Tick)** | **Not Applicable****(Please Tick)** |
|  **Fees** |
| 8 | Application Fee:* Residential (Class 1 and 10) – $110.00
* Commercial (Class 2 -9) – $9 for each storey of the building
 |   |  |
| 9 | Building Services Levy Payment 0.137% x cost of construction – minimum $61.65  |    |   |
| 10 | Construction Training Fund – 0.2% x cost of construction (over $20,000) |   |   |
|  **Approvals and Notifications** |
| 11 | Approval under the Planning and Development Act 2005 |   |   |
| 12 | Approval/ Notification under the Heritage of Western Australia Act 1990 |   |   |
| 13 | Notification to the Commissioner under the Occupational Safety and Health Regulations 1996 for Class 1, 2 and 3 demolition contractors |   |   |
| 14 | Notification to the provider of electricity |   |   |
| 15 | Notification to the provider of gas |   |   |
| 16 | Notification to the provider of phone |   |   |
| 17 | Notification to the provider of water services |   |   |

**This checklist must be completed, signed and submitted with your application.**

Applicants Signature: Date:

Print Name: