



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):

- Plans
 - Elevations
 - Tree Report *(tree applications only)*
 - Roofing Layout
 - Structural Calculations
 - Engineering Reports
- (Note: Documents may not be acceptable for future Development Applications)*

REASON FOR REQUIRING PLANS: _____

FEE: Residential Search Fee \$48 (inc. GST)* * to be paid upon request of information
Commercial / Industrial Search Fee \$121 (inc. GST)*
Offsite File Retrieval \$34.00 (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 posted or emailed (if documents are electronic) within 7-10 business days, subject to availability of information.
 - The fee includes up to 50 pages of A4 or A3 pages of photocopies.
 - * 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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12 James Street
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TTY 08 8406 8596
(for hearing impaired)
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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: / /