

REFERRAL TO FUNCTION CONTROL AUTHORITY

Section 64

To: Function Control Authority Name
 Address
 Suburb/postcode

Form **10**

Building Surveyor details:

From:
Address:
Accreditation No:
Phone No:
Fax No:
Email address:

Owner or Agent details:

Owner:
Address:
Accreditation No:
Phone No:
Fax No:
Email address:

Agent:
Address:
Phone No:
Fax No:
Email address:

Note: Agents to be authorised in writing by the owner:

Documents provided:

The following documents are provided with this application -

<i>Document description:</i>	<i>Prepared by:</i>
<input type="text"/>	<input type="text"/>

Special use building details:

The building work included in this application, has been identified as building work to a Special Use Building. For your information, the accompanying relevant documents are sent to you, as required by Section 64 of the *Building Act 2000*.

Comments:

Building Surveyor: Signed: Date: