



Building Improvement Request Form

Please complete this application (three pages) to assist in prompt consideration of your request.

Until the application has been completed in FULL and returned to our office, we cannot process your request.

Please ensure that you have reviewed the terms and conditions of this application before signing.

Please NOTE: The outcome of this application is subject to the Body Corporate By-Laws and a decision of the Body Corporate Committee.

Property Details -

Building Name

CTS Number Lot Number

Property Address

Suburb State Post Code

Applicant Details -

Your Status:

Owner Agent on behalf of tenants

Agent on behalf of prospective buyers - Settlement Date

Your Name

Email (required).....

Phone Mobile(required)

Details of Improvement -

Location of Improvement:

.....
.....
.....

Description of Improvement:

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.....
.....
.....

Support Document Attached (please tick)

Plans (i.e. DA Approval) Photos Quotes

Are Any Other Units Affected?(if yes, please specify) YES NO

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.....
.....

SIGNED DATE

OFFICE USE ONLY

Date Received: Application Acknowledged: By-Laws Checked:

Forward to the Committee: Flying Minutes Committee Meeting General Meeting

Approval Granted: YES NO Resolution Date: Filed Date: Staff ID:



Building Improvement Request

Please draw a sketch to highlight the affected area of the building/ common property, to accompany your request.

Initial:



Terms and Conditions of Proposed Works

1. The Applicant understands and acknowledges that all repairs and maintenance associated with this improvement will be the sole responsibility of the owner of the 'said lot'.
2. Any damage whatsoever that may occur to the common property or any surrounding lot due to any installation of the requested improvement will be the sole responsibility of the Lot Owner to rectify within seven (7) days.
3. The Applicant acknowledges that the requested improvement will comply with all regulations as set by Local Government (if required). Should a breach of the by-laws occur, the Applicant acknowledges that the improvement may be requested to be removed immediately at the Applicants cost. The Applicant agrees to adhere to any request made by the Body Corporate.
4. The Applicant is aware that it is their responsibility to confirm if the Body Corporate Insurance covers the improvement and that they will be responsible for their own additional Insurance (if applicable).

FULL NAME:

SIGNED: DATED:

Please return your completed form with attached pictures/ diagram to our office:

Email: reception@stratamatt.com.au
In person or post: 674 Ipswich Road, Annerley QLD 4103

Thank you!