

Strata Certificate Application

Applicant Detail	S						
Name							
Address							
Contact Details	Ph.			Fa	х.		
	Mob.						
	Email				••••		
Development De	etails						
Location of Subject	ct Land						
Lot/DP							
Address							
LGA		•••••			••••		
Strata Type			Strata			Stratum	
Development Description							
List of Associated Do Consents (if any)	evelopme	ent					
		Cons	ent No.	Descriptio	n		
			•••••	•••••	• • • • •		
No. of Lots/Units Cre	eated	•••••					

SYDNEY
P (02) 9659 0005
E sydney@brs.com.au

CENTRAL COAST
P (02) 4325 5255
E coast@brs.com.au

HUNTER
P (02) 4966 8388
E hunter@brs.com.au

SOUTH EAST QUEENSLAND P (07) 5582 6555 E seqld@brs.com.au

Signatures

Owner's Signature (unless the owner has previously consented to this application)							
As the owner/s of the above property, I/we	hereby conser	nt to this application					
Signature	Signature						
Name	Name						
Date	Date						
Applicant's Signature							
Signature							
Name							
Date							
List of Associated Documentation							
Please list all of the associated documentat	ion that will be	lodged with this application.					
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Office Use Only							
Received by: Date							
Strata No.							