

# APPLICATION FOR IMPROVEMENTS / ALTERATIONS

APPLICANT DETAILS

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: Unit / Street No Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Postcode \_\_\_\_\_

Postal Address (If different from above):

\_\_\_\_\_

Contact Information: Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Details of Improvements/Alterations Location:

Does this Improvement / Alteration affect common property? Yes No Please circle

If Yes, give reason for changes desired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If No Unit No. \_\_\_\_\_

Anticipated Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Duration \_\_\_\_\_ Days \_\_\_\_\_ Weeks

Description of Improvements/Alterations requiring approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not enough space? Include details on separate page.

NB: If work has already been carried out, please note that retrospective approval is required

Approval to commence work Retrospective approval Please circle required approval  
Application to: email: sepibodycorp@gmail.com

Office use only:

Approval granted: Yes No

Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_

More information required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_