

Request for Support of Removal of a Restrictive Covenant or Part of a Restrictive Covenant

APPLICANT(S) DETAILS:

Name: _____

Postal Address: _____

Home number: _____ Fax: _____

Mobile: _____ Email: _____

PROPERTY DETAILS:

Lot No: _____ Street Name: _____

_____ Suburb: _____

Certificate of Title: Volume: _____ Folio: _____

Restrictive Covenant Number: _____

Owner's names: _____

Owner(s) signatures: _____ Date: _____

_____ Date: _____

Notes:

1. Please refer to our Fees and Charges Schedule by visiting www.armadale.wa.gov.au/services_and_facilities/planning/ for details of the required Fee. Payment is required at lodgement at the City.
2. If the request is not being lodged by the landowner, then a letter of consent from the landowner should be attached, if the landowner(s) have not signed this form.
3. The application fee is non-refundable, whether the City is able to support the request or not or whether or not the covenant (or part thereof) is able to be removed or modified.

OFFICE USE ONLY

Fees Paid: Y
Documents checked: Y
Draft letter Y N