

Application for a relocation and second-hand house report



For office use

Receipt No. _____
Date: _____

Location of building (please tick)

Auckland Manukau Waitakere North Shore Papakura Rodney Franklin

APPLICANT/OWNER DETAILS

First name in full: _____ Surname: _____

Street address: _____ Postcode: _____

Suburb: _____ Town/city: _____

Postal address if different from above:

Phone (home): _____ (work): _____ (mobile): _____

Email: _____ Facsimile: _____

INSPECTION DETAILS

Address of building to be inspected: _____

Number of storeys: _____ Do you wish to be present at inspection? Yes No

Means of entry for inspection: _____

Name of contact person: _____

Phone (home): _____ (work): _____ (mobile): _____

BUILDING DETAILS

Proposed use of building: Residential Commercial Other (specify) _____

RELOCATION OF BUILDING (complete if applicable)

Address where the building is to be relocated: _____

Will the building be transported undivided? Yes No

Signed by or for and on behalf of the applicant: _____

Name: (print) _____ **Status (in relation to the applicant):** _____

IMPORTANT PRIVACY INFORMATION

If you would like to request access to, or correction of, your details, please advise us on the contact details below.

Waitakere City Council
Private Bag 93109
6 Henderson Valley Rd
Henderson
WAITAKERE CITY
Ph: 839 0400 Fax: 836 8001