

FORM 8 Building Act 1993 Building Regulations 2018 Regulation114

PROTECTION WORK RESPONSE NOTICE

To Owner/Agent:		
Postal Address:		
Address of Owner's Pr	operty on which Building	Work is to be Carried Out
No: Street/Ro	ad:	Town:
Relevant Building SurveyUWayne WilkieBSUUAndrew BrittonBSL	1164 Municipal Building S	
From Adjoining Owner/Adjoining	Owner's Agent:	
Postal Address:		
		Phone:
Address of my Adjoini	ng Property	
No: Street/Ro	ad:	Town:
 □ agree to the proposed □ disagree with the prop □ request the following f 	osed protection work	
(Attached second page if require Signature Signature of adjoining own	ed) her/adjoining owner's agent:	*
Date: Colac Otway Shire PO Box 283 Colac Victoria 3250 E: ing@colacotway.vic.gov.au www.colacotway.vic.gov.au	Customer Service Centre Colac: 2-6 Rae Street Apollo Bay: 69-71 Nelson Street P: (03) 5232 9400	