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| --- | --- |
| **By EMAIL to:** | [office@westralianstrata.com.au](mailto:office@westralianstrata.com.au) |
| **Or by POST to:** | **Suite 3, 37a Brandon Street, SOUTH PERTH WA 6152** |

**Applicant Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Strata Plan:** |  | **Unit Number:** |  |
| **Property Address:** |  | | |
| **Owner(s) Name:** |  | | |
| **Email:** |  | | |
| **Mobile:** |  | | |

**Description of Proposed Alteration/Addition:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Air Conditioner | |  | Antenna |
|  | Patio/Pergola | |  | Security Screens/Doors |
|  | Other - |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has approval from City Council been obtained?**  *If yes, please provide approval letter* |  | **YES** |  | **NO** |
| **Estimated Value of Works: $** | | | | |
| **Will this alteration/addition require the use of skip bins?**  *If yes, please advise duration:* Click or tap to enter a date. |  | **YES** |  | **NO** |
| **Will any scaffolding need to be used?**  *If yes, please advise duration:* Click or tap to enter a date. |  | **YES** |  | **NO** |
| **Will heavy machinery need to be used?**  *If yes, please advise duration:* Click or tap to enter a date. |  | **YES** |  | **NO** |
| **Will any part of the alteration/addition affect the external surface of your building?**  *If yes, full details must be provided, please attach a separate diagram/drawing* |  | **YES** |  | **NO** |

**Contractors Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | **Contact Number:** |  |
| **Quote Number:** |  | **Date of Issue:** | Click or tap to enter a date. |

**Details of Alterations:** *Please ensure the quotes are attached.*

**Guidelines & Indemnity form**

1. I will repair and maintain my fixture and/or improvement in a good state of repair.
2. I will compensate the Strata Company for any damage or loss sustained to the buildings and common property directly caused  
   from the installation and use of my fixture and/or improvement.
3. In the event that my fixture and/or improvement becomes unsafe, deteriorates or causes damage to any part of the building or  
   common property I shall within seven (7) days of service of a written notice from the Strata Company either:
   1. Remove the fixture and or/improvement and reinstate and restore any common property or exclusive use area to the same state and condition as existed at the time of installation.
   2. Replace the fixture and/or improvement completely.
4. Should the Proprietor;

4.1 Fail to repair and maintain the fixture and/or improvement or

4.2 Fail to remove the fixture and/or improvement after receiving written notice from the Strata Company pursuant to item 2.  
Then the Strata Company may

4.3 Repair or maintain the fixture and/or improvement at the cost of the proprietor; or

4.4 Remove the fixture and/or improvement and reinstate and restore the common property or exclusive use area at the proprietors cost and withdraw permission granted to the proprietor.

1. He proposed installation of the fixture and/or improvement will be in accordance with the building by-laws of the local authority;
2. The applicant confirms that the Strata Company, being the Owners of Click or tap here to enter text. and Strata Plan Click or tap here to enter text. will be fully indemnified against any damages of any kind whatsoever, which may be done to the development or to any property under their control. Should damage be incurred by the applicant or his/her agents, employees, tradespersons, tenants etc., the  
   damage will be immediately repaired and made good at the sole expense of the Lot.
3. All costs, fees and charges in respect of the fixture and/or improvement will be at the expense of the Lot

*PLEASE NOTE: This application and indemnity is subject to the approval of the Strata Company. No work as prescribed in this**application may commence until the Strata Company issues a formal approval in writing.*

I/We **Click or tap here to enter text.** in Lot  of Strata Plan  agree to the above terms and conditions for my/our prescribed application

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| --- | --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | **Date:** | Click or tap to enter a date. |