

# Clutha District Council

PO Box 25, Balclutha

Ph: 03 4190200

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## APPLICATION FOR PROPERTY CONDITION REPORT

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Application

Mailing Address: \_\_\_\_\_

I/We (the applicant/s) hereby apply for a Property Condition Report in respect of the property situated at:

### Property to be Inspected

Address: \_\_\_\_\_

\_\_\_\_\_

Valuation Number: \_\_\_\_\_

Owner: \_\_\_\_\_

### Legal Description

Lot No: \_\_\_\_\_ DP: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_

SD: \_\_\_\_\_ Land Area: \_\_\_\_\_ m<sup>2</sup> \_\_\_\_\_ ha

Proposed Use: \_\_\_\_\_ Existing Use: \_\_\_\_\_

### Payment of Fees - (please tick one)

Actual costs at current hourly rate

Cheque for \$\_\_\_\_\_ enclosed

Internet Bank Xfr to 03-1734-006-1851-02

Note: Please make reference clear by putting - PCR and name of applicant (as above).

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Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_