



AAA Application Form

AAA Building
Consultants
PO Box 440
CLERMONT
QLD 4721
PH: 07 4983 1911

Thank you for choosing AAA Building Consultants; so we can best assist you in your request please answer the following Application Questions, and return this form to our office via email: reception@aaabuildingconsultants.com.au if you require support please call our office on 07 4983 1911.

1. What is the Applicants Name and Contact Details? (This is the person who our office will correspond with and who will receive our invoice)

Applicants Name(s) _____ Contact Name: _____
Address: _____ State: _____ Post Code: _____
Phone No.: _____ Mobile: _____ Email: _____

2. Who is the Registered Title Owner of the property? (found on Title Deed or Rates Notices)

Owners Name(s) _____
Address: _____ State: _____ Post Code: _____
Phone No.: _____ Mobile: _____ Email: _____

3. Who is Builder? (Please use your Name/s if you are an Owner Builder):

Builder/Company Name: _____ Contact Name: _____
Address: _____ State: _____ Post Code: _____
Phone No.: _____ Mobile: _____ Email: _____
QBCC Licence No: _____ Licence Type: _____

4. What is Being Built? (ie Shed, Patio, Carport, Extension, Dwelling) _____

5. What are you going to use the building/ structure for? _____

6. What is the Current use of land (Vacant, Home, Business)? _____

7. Have you received a "Show Cause" Notice from the Council for the structure? ☐ Yes ☐ No

8. What is the address of the Site you are building on?

Unit/Street No: _____ Address: _____ Suburb: _____ Post Code: _____

9. What is the Local Council Area? _____

Lot No: _____ Plan Type & Number: _____ (Found on your Rates Notice)
Site Area (the size of the block): _____ m² New Floor Area: _____ m² Existing Floor Area: _____ m²
Site Zoning (i.e., Rural/Residential/Commercial): _____ Total Storeys/Levels: _____

10. What is the total value of the project? (Labour **PLUS** Materials) \$ _____

11. Please answer the following questions regarding the materials you are using:

External Walls	<input type="checkbox"/> Double Brick	<input type="checkbox"/> Steel	<input type="checkbox"/> Curtain glass
	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Timber	<input type="checkbox"/> Aluminium
	<input type="checkbox"/> Stone/Concrete	<input type="checkbox"/> Fibre Cement	<input type="checkbox"/> Other
Frame	<input type="checkbox"/> Timber	<input type="checkbox"/> Steel	<input type="checkbox"/> Aluminium
	<input type="checkbox"/> Other		
Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Other
	<input type="checkbox"/> Slate/concrete	<input type="checkbox"/> Tiles	<input type="checkbox"/> Fibre Cement
Roof Covering	<input type="checkbox"/> Aluminium	<input type="checkbox"/> Steel	<input type="checkbox"/> Other

I declare this information to be true and correct

Applicant Signature

Name: _____ Signature: _____
Date: _____

How did you hear about us? ☐ Google ☐ Word of Mouth ☐ Other _____