

Building and Construction Industry Long Service Levy

A1. Details of Person/Company Liable to Pay Levy

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
OR			
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>

A2. Land Description of Building and Construction Work

Lot Number	<input type="text"/>	Section	<input type="text"/>	DP/NPP/SP	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Unit/Street No	<input type="text"/>	Street	<input type="text"/>		
Suburb/Town	<input type="text"/>				

A3. Description of Work

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Community | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Civil | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Engineering | <input type="checkbox"/> New Work |

A4. Application Details

Local Council Area	<input type="text"/>		
DA/CC/CDC/Contract No	<input type="text"/>	Estimated Cost of Work	\$ <input type="text"/> .00
Levy Amount Due	\$ <input type="text"/> .00	Exemption Approval Certificate No (if applicable)	<input type="text"/>

Building and Construction Industry Long Service Levy
(Payable to Building and Construction Industry Long Service Payments Corporation)

A5. Applicants Declaration

Any false or misleading information provided on this form may result in prosecution under Section 58A of the *Building and Construction Industry Long Service Payments Act 1986*, (as amended).

I hereby declare that the information provided on this form is true and correct to the best of my knowledge.

Applicants
Name

Date

NOTE! *This copy must be supplied to the Council to allow release of applicants plans (if applicable)*