

**HOME BUILDING CERTIFICATION FUND
APPLICATION BY OWNER**

Full Name of Owner: _____
(Please Print)

Postal Address: _____ Residential Address: _____

Telephone No: _____ Facsimile No: _____

Situation of property
Where building work
Will be carried out L/Street No: _____ Street: _____

Suburb: _____ Town: _____ Postcode: _____

Type of Building: Class: _____ Floor Space: _____ M2 Number of Storeys: _____

Building
Permit No: Loc _____ LTO _____ Pcl _____ Part _____ Unit _____ Permit _____

Value of work to be undertaken with this permit: \$ _____

Short Description of Building Work: _____

Name of Building Contractor: _____

HBC Fund Cert Number: _____

Postal Address: _____

Name of Private Certifier or Licensed Plumber: _____

BPB Registration Number: _____

Postal Address: _____

Commencement Date: _____

Where no firm commencement dates
Available, please advise anticipate dates

Completion Date: _____

I/We hereby declare that the above information is true and correct

Signed: _____ Date: _____

OFFICE USE

?	Cash		Card Expiry Date
?	Cheque	Card Number _____	_____
?	Mastercard		
?	Bankcard	Card Holders Name _____	Payment Amount
?	Visa	Card Holders Signature _____	_____

FUND MANAGER: Territory Insurance Office, GPO Box 770 Darwin 0801 Telephone: 8946 2222 Facsimile: 8941 0038