



Postal Address:
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B/P No.
File No.
S/Pool No.

APPLICATION FOR BATTERY POWERED SMOKE ALARM APPROVAL

Building Regulations 1989, Part 10A, Regulation 380.

The Applicant must be the owner of the building.

Property Owner's Name/s:

Address: Postcode:

Phones – Home: Work: Mobile:

Email Address: Fax.:

Owner's signature: Date:

Property where alarms are to installed: Lot: House No:

Street:

Suburb: Postcode:

Information Required with Application.

<ul style="list-style-type: none"> Covering Letter Setting out reasons why hard wired alarms can not be installed. Proposed Alarm Data Sheet Floor Plan/s Floor plan/s for each storey showing location of proposed smoke alarms. 	<p>Received:</p> <p>Received:</p> <p>Received:</p>
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OFFICE USE ONLY

RECEIPT No:		RECEIPT DATE:		ON SYSTEM:	
Building App. Fee	\$	Ownership			
	\$.	Assessment Number			
	\$.	Area of Lot			
	\$.	Zone			
	\$.	Collectors District		Map	
	\$.				
	\$.				
	\$.				
	\$.				
Total	\$				

Approved:

Date: