



**APPLICATION FOR A FAST TRACK APPEAL UNDER s. 147**

To the Registrar, Building Appeals Board

I hereby make application to fast track the Appeal, details of which are listed below:

**Site Details**

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Municipality: \_\_\_\_\_

**Applicants Details**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Respondents Details**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

**Reasons for wanting a fast track appeal**

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

**Costs and fees associated with fast track appeals**

This application must be accompanied by the appropriate prescribed fee. The prescribed fee is \$410 (Regulation 1602(d) of the Regulations).

In making this application, you are confirming that you understand that the Board may grant or refuse the request, and that if the Board grants the request, it may require you, as the person who made the request to pay:

- The additional prescribed fee of \$160 per hour (Regulation 1603(a) of the Regulations).
- The reasonable costs (as assessed by the Board) of **all** of the parties to the appeal (including the costs of legal advice and/ or representation) for the proceedings after the request is granted (section 147(3)(a)); and
- If the Board hears the Appeal, an additional prescribed fee for the time taken for the hearing (including any adjourned hearing) excluding the first 2 hours of the hearing (section 147(3)(b)).

PLEASE NOTE: If the application is not complete the appeal process will be delayed.

Signed Applicant: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>PAYMENT DETAILS</b>
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A cheque for \$410.00 is enclosed made payable to the Building Commission.

OR

Please debit my:      Master Card              Visa              Bank Card              for \$410.00

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's name: \_\_\_\_\_

Card No: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_