

# Application to Terminate a Victorian Private Building Surveyor – *Individual owner*

Pursuant to Section 81 of the Building Act 1993 (Vic)

This application may be completed by the Property Owner /Agent on behalf of the Property Owner / Relevant Building Surveyor

**Do not complete this form, if you answer **yes** to questions (i) to (iv) below**

- (i) Are you applying to terminate a building surveyor for **multiple sites**? (please email [vbaterminations@vba.vic.gov.au](mailto:vbaterminations@vba.vic.gov.au) with this information instead of completing this form)
- (ii) Is the site owned by a company or trust? (please complete an Application to [Terminate a Victorian Private Building Surveyor - Company owner](#) form.)
- (iii) Is the building Surveyor **unable to practice** because of death, incapacity, bankruptcy, cancellation or suspension of registration? (please complete [Notice of Intention to Appoint a new Building Surveyor](#) form.)
- (iv) Has the **building work/building permit** been **cancelled**? You do not need to apply for a termination however you must notify your council and complete the VBA's [Notice of Intention to Cancel Building Work](#) form.

## 1. ARE YOU THE:

- Property owner
- Owner's Agent (Provide copy of Authority to Act)
- Relevant Building Surveyor (Provide copy of Authority to Act) (Reg No.)

**Attach copy of Authority to Act** (ONLY if you are NOT the property owner)

## 2. APPLICANT CONTACT DETAILS

Title (Mr, Mrs, etc)	Given names	Family names (Surname)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of the company (if applicable)			
<input type="text"/>			
Postal Address (Please include Lot No., Street No, Unit or Level, Street Name, Suburb and Postcode)			
<input type="text"/>			
Home telephone	Business telephone	Mobile phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. PROPERTY OWNER CONTACT DETAILS (Only complete if different to applicant contact details above)

Title (Mr, Mrs, etc)	Given names	Family names (Surname)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal Address (Please include Lot No., Street No, Unit or Level, Street Name, Suburb and Postcode)			
<input type="text"/>			
Home telephone	Business telephone	Mobile phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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4. CERTIFICATE OF TITLE **Attach Copy\***

5. BUILDING WORK LOCATION (One location only\*)

Lot number	Street number	Unit or level number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. DESCRIPTION OF THE BUILDING WORK

7. DETAILS OF THE STATUS OF BUILDING WORK

a. Has a building permit been issued for this building work by the relevant building surveyor?

Yes - What is the building permit number?  **Attach copy\***

No

b. Has the building work commenced?

Yes

No

c. Do you intend to complete the building work?

Yes

No

d. Has a building notice or building order been issued for the building work?

Yes

Building notice  OR Building order  **Attach copy** (if you answered Yes)

No

8. DETAILS OF THE FIRST RELEVANT BUILDING SURVEYOR APPOINTED

Title (Mr, Mrs, etc)	Given names	Family names (Surname)	Registration Number ( <b>MUST</b> )
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the company (if applicable)

Postal Address (Please include Lot No., Street No, Unit or Level, Street Name, Suburb and Postcode)

Home telephone	Business telephone	Mobile phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## 9. DATE OF APPOINTMENT OF THE FIRST RELEVANT BUILDING SURVEYOR

Date

Provide a copy of the appointment (*either document below is accepted*)

Attach copy\*

Section 80, or

Copy of the Application for a Building Permit

## 10. DID THE APPLICANT APPOINT THE RELEVANT BUILDING SURVEYOR?

Yes

No

## 11. DID ANOTHER PERSON APPOINT THE RELEVANT BUILDING SURVEYOR?

Yes - Provide information:

No

## 12. IS THERE MORE THAN ONE BUILDING SURVEYOR APPOINTED FOR THE SAME WORK?

Yes (go to **question 13** - provide details of the second building surveyor)

No ( skip to **question 17**)

## 13. DETAILS OF THE SECOND RELEVANT BUILDING SURVEYOR APPOINTED (if applicable)

Title (Mr, Mrs, etc)

Given names

Family names (Surname)

Registration Number (**MUST**)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of the company (if applicable)

Postal Address (Please include Lot No., Street No, Unit or Level, Street Name, Suburb and Postcode)

Home telephone

Business telephone

Mobile phone

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 14. DATE OF APPOINTMENT OF THE SECOND RELEVANT BUILDING SURVEYOR

**Note: It is an offence under the Building Act 1993 section 79 (2) a person must not appoint a private building surveyor to complete any functions set out in section 76 in respect of a building or building work if another building surveyor has already commenced to carry out the functions in respect of that building or building work.**

Date

Provide a copy of the appointment

Attach copy (*if you answered Yes to Q12*)

Section 80 or

Copy of the Application for a Building Permit

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## 15. HAS THE BUILDING WORK CHANGED?

Yes (go to question 16)

No (skip to question 17)

## 16. PLEASE DESCRIBE HOW THE BUILDING WORK HAS CHANGED.

## 17. EXPLAIN THE REASON/S FOR THE TERMINATION OF THE APPOINTMENT OF THE FIRST BUILDING SURVEYOR? (NO MORE THAN 500 WORDS)

## TO FACILITATE THE TRANSFER OF THE APPOINTMENT

### 18. HAVE YOU DISCUSSED YOUR INTENTIONS TO TERMINATE THE FIRST BUILDING SURVEYOR'S APPOINTMENT WITH THE BUILDING SURVEYOR?

Yes, (please attach their letter of agreement to terminate their appointment)

**Attach letter of agreement**

No, (Please provide a reason below and attach evidence to back up your reason why you cannot get the first building surveyor to agree to terminate their appointment)

**OR**

**copy of evidence\***

### 19. HAVE YOU IDENTIFIED A NEW BUILDING SURVEYOR WHO IS WILLING TO TAKE OVER THE TRANSFER OF THE FUNCTION FOR THIS APPOINTMENT OR BUILDING WORK?

Yes (please attach their letter of acceptance to take over transfer)

**Attach copy\***

No, (Please provide a reason below and attach evidence to back up your reason why you cannot get a new building surveyor to agree to take over the transfer of the function for this appointment or building work)

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## 20. CONTACT DETAILS OF THE PROPOSED NEW RELEVANT BUILDING SURVEYOR WILLING TO ACCEPT THE TRANSFER OF FUNCTIONS

Title (Mr, Mrs, etc)	Given names	Family names (Surname)	Registration Number ( <b>MUST</b> )
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the company (if applicable)			
<input type="text"/>			
Postal Address (Please include Lot No., Street No, Unit or Level, Street Name, Suburb and Postcode)			
<input type="text"/>			
Home telephone	Business telephone	Mobile phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**It is important to note, that the applicant is to endeavor to complete the application form and to provide all the supporting information/documentation when submitting this form.**

**If supporting documents are missing the application will be returned to the applicant so please use the checklist below to ensure you application is processed in a timely manner.**

Checklist of documents required to support this application		
Description	Relates to Question	Tick Enclosed items
Authority letter <b>if</b> acting on behalf of the owner	1	<input type="checkbox"/>
Certificate of Title	4*	<input type="checkbox"/>
Building Permit number	7.a*	<input type="checkbox"/>
Copy of building notice <b>if</b> any (pursuant to section 106) OR building orders <b>if</b> any (pursuant to section 37)	7.d*	<input type="checkbox"/>
Section 80 Appointment from the <b>first</b> relevant building surveyor OR Application for Building Permit from the <b>first</b> relevant building surveyor	9*	<input type="checkbox"/>
Section 80 Appointment from the <b>second</b> relevant building surveyor OR Application for Building Permit from the <b>first</b> relevant building surveyor	14	<input type="checkbox"/>
Letter from the first relevant building surveyor willing to be terminated OR relevant evidence of attempts to contact	18*	<input type="checkbox"/>
Letter from the new relevant building surveyor willing to accept the transfer of functions	19*	<input type="checkbox"/>

\* Denotes what documents are required for **ALL** applications

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## DECLARATION

I declare that the information given in this form and any attached documents is true and correct, to the best of my knowledge. I agree the information I have given in this form and any attachments may be used or disclosed by the Victorian Building Authority to process this request.

Applicant Name

Signature of Applicant  Date

## YOUR PRIVACY

By lodging this application with the Victorian Building Authority (VBA) you agree that the information you have provided herewith and any attachments may be used or disclosed by the VBA to process this application. The VBA does not disclose the name of any parties or subjects except where required to or authorised by law to do so. Personal information about an individual is collected and handled in accordance with the *Data and Privacy Act 2014*.

Applications generally take approximately 42 days to complete, when all of the required information is submitted with the application.

## HOW TO LODGE THIS APPLICATION AND COPIES OF ANY DOCUMENTS

### Scan and Email:

[customerservice@vba.vic.gov.au](mailto:customerservice@vba.vic.gov.au)

### Post:

Victorian Building Authority  
G P O Box 536  
Melbourne VIC 3001

### Deliver in person:

Victorian Building Authority  
Goods Shed North  
733 Bourke Street  
Docklands VIC 3008