RETURN PERMIT REQUEST BY POST TO:

Housing Choices Australia Property Team Level 3, 350 Queen Street Melbourne VIC 3000



Application for Owner's Permit

Property Address	
MODIFICATION DETAILS	
ACKNOWLEDGEMENT	
Tenant Name	Signature
Tenant Name	Signature
If any item is subject to a Hire Purchase Agreement, pleas	se provide details:
Description	
Company	
Address	
Phone No.	Contract end date
PERMIT CONDITIONS	OFFICE USE ONLY
Housing Choices Australia is not liable for any costs involved in making modifications or subsequent reinstatement works.	Notes
Work is to be carried out by qualified tradesman, or in a tradesman like manner, without damage to the property.	
3. Work carried out must be in compliance with regulations of any relevant Authority concerned, eg. Gas, Electricity, Municipality and required permits obtained.	
4. In the event that the tenant vacates the property, the tenant agrees to reinstate the premises to its original condition or bear the cost relating to such works. All works to be carried out in a professional manner.	
5. Any appliance installed, must be maintained at tenant's expense.	Permit Approval GRANTED REFUSED
6. Any appliance/alteration left in the property, will become the property of HCA, if so required.	Annual bu
7. All plans, sketches, copies of permits must be attached to this application. An Occupational Therapist (OT) report is required for any proposed disability modification to the property.	Approved by
any proposed disability modification to the property.	Signature
Please note: No works can take place, until such time as this permit is returned to you, endorsed with approval to commence works.	Date