CITY OF VINCENT

ARCHIVE SEARCH REQUEST

Email: mail@vincent.wa.gov.au
Phone: (08) 9273 6000
Address: 244 Vincent Street, Leederville, WA 6007
Postal Address: PO BOX 82, Leederville WA 6902

Office Use Only:

TYPE OF ARCHIVE SEARCH REQUEST: Please tick relevant search request

An Archive Search may produce information relating to various approved and issued Licences (Building Licences, Demolition Licences and Sign Licences) as well as Strata Certificates. It **will not** produce any planning approvals, subdivision approvals or any information relating to refusals, cancellations or withdrawn licences.

☐ City of Vincent only (1994 to current) Residential	$80.00*
☐ City of Vincent, City of Stirling & City of Perth combined Search (prior to 1994) Residential	$120.00*
☐ Commercial / Mixed Use Development / Apartment Complex	$150.00*

DISCLAIMER Please note that the relevant fee is payable upon submission of your application. Applications submitted without the relevant fee will be returned. **The fee is not refundable in the event that the plans are not located.** *The archive information is usually available within 15 working days of archive form lodgement date and you will be notified accordingly.*

*Fee inclusion (As per the City's Schedule of Fees & Charges 2026/2027)

OWNER(S) OF LAND DECLARATION

I/We:	

being the current Owner(s) of the property detailed hereunder, request an archival search to be conducted for approved building plans relating to the below mentioned subject property.

ADDRESS OF PROPERTY TO BE SEARCHED (Please complete as much information as possible)

Unit:	Street No:	Lot:	Strata Plan:
Street Name:		Suburb:	

***Important Information Required** (if known) Details of street number/ street name change

*Property Previously known as:	

REASONS FOR ARCHIVE SEARCH AND APPROXIMATE YEAR OF APPROVAL(S) IF KNOWN

☐ site plan ☐ floor plans ☐ elevations ☐ structural ☐ swimming pool

Year house was built:	Year of approval(s) if known:

We collect your personal information to process your request in accordance with the standards set out in the *Privacy and Responsible Information Sharing Act 2024* (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle your personal information, please visit our privacy statement page on the City of Vincent website.

An Archive Search constitutes a request for plans/specifications only. No documentation will be included.

APPLICANT DETAILS *(If you are not the Owner of the land, refer to reverse of this form)*

Contact Name:	Company Name (if applicable):
Street Address:	
Suburb:	Post Code:
Tel No. (Home):	Tel No. (Bus):
Tel No. (Mobile):	E-mail Address:

I confirm that, as the applicant, I will indemnify the City of Vincent against any claims against the City arising under the Copyright Act 1968 in connection with the City providing me with a copy of the plans.
The City will provide this information via a secure SharePoint link.

Signature of Applicant:	Date:

AUTHORISATION FROM CURRENT OWNER OF LAND FOR A THIRD PARTY TO REQUEST AN ARCHIVE SEARCH

I/We:	

being the current Owner(s) of the property situated at

Lot Number:	Unit Number:	Street Number:

Street Name:	Suburb:

hereby authorise

Contact Name:	Company Name:

to request an Archive Search and to view and obtain copies of the approved building plans relevant to the subject property.
I require the plans for my own private use, and will not copy the plans; provide them to a third party; or use the plans for any commercial advantage, without first obtaining authorisation from the copyright owner.

CONTACT DETAILS OF OWNER(S):

Tel No. (Home):	Tel No. (Mobile):
Tel No. (Bus):	E-mail Address:
I confirm that, as the Owner, I will indemnify the City of Vincent against any claims against the City arising under the Copyright Act 1968 in connection with the City providing me with a copy of the plans.	Signature of Owner:

CREDIT CARD PAYMENT DETAILS (only complete this section if paying by credit card)

Please complete the following details note that American Express and Diners Club are not accepted.

Please charge my (please tick):	☐ Visa	☐ Mastercard
Credit Card Number:	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	
Card Expiry Date:	☐☐ / ☐☐	

Cardholder's Name (as shown on the Card):	Cardholder's Signature (as shown on the Card):

OFFICE USE ONLY

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Completed by:	Date: