

## Refund Request Infrastructure Protection Bond 1 Memorial Drive, Mosman Park WA 6012 PO Box 3, Mosman Park WA 6912 T: (08) 9383 6600 Mon - Fri 8:30am to 4:30pm

| Inspection Details  |                                       |  |       |                                   |                               |                          |  |  |
|---|---------------------------------------|--|-------|-----------------------------------|-------------------------------|--------------------------|--|--|
| Applicant Name:   |                                       |  |       |                                   |                               |                          |  |  |
| Property Address:   |                                       |  |       |                                   |                               |                          |  |  |
| Building Permit Nur   | nber:                                 |  |       |                                   | Receipt Number:               |                          |  |  |
| Bank Details (to process refund)  | Accour                                | Account Name:  |       |                                   |                               |                          |  |  |
| (to process relative)   | BSB:                                  |  |       |                                   | Acc Number:                   |                          |  |  |
| Email Address:  | ail Address: rward remittance advice) |  |       |                                   | Phone:                        |                          |  |  |
| Declaration   | 34100)                                |  |       |                                   |                               |                          |  |  |
| <ul> <li>I have read the above checklist and I am satisfied that all of the relevant issues have been addressed.</li> <li>I am aware should any of the above not be satisfactory a new bond refund form shall be submitted.</li> <li>I am aware that if an additional inspection is required, there will be a cost per additional visit to site by the officer which will be deducted from the bond prior to being refunded.</li> <li>I understand that bond inspections are routinely conducted every week and that there may be a 20 day turnaround from date of authorisation for you to receive the funds in your nominated account.</li> </ul> Applicant Name: |                                       |  |       |                                   |                               |                          |  |  |
| Date:   |                                       |  |       |                                   |                               |                          |  |  |
| Inspection/s – OFFICE USE ONLY  |                                       |  |       |                                   |                               |                          |  |  |
| The Town will carry out a post inspection within 7 days from the submission of this form. If no damage has occurred, the Town will process the refund within 20 days of the post-inspection.  If damage has occurred the Town will contact the applicant to rectify the issue(s) accordingly. If a further inspection is required, the cost of doing so will be deducted from the remaining bond amount.  |                                       |  |       |                                   |                               |                          |  |  |
| Pre-inspection check and photos taken   |                                       |  |       |                                   | Yes                           | No                       |  |  |
| Post-inspection check and photos taken  |                                       |  |       | Yes                               |                               | No                       |  |  |
| Responsible<br>Officer  |                                       |  | Notes |                                   | Post-<br>Inspection           | Additional<br>Inspection |  |  |
| Technical Officer   | Slab Footpath                         | Footpath Check for cracked excessive gaps.           |       | or missing slabs, trip hazards or |                               |                          |  |  |
|   | Concrete Foo                          | crete Footpath Check for cracks, or                  |       | discolouration and trip hazards   |                               |                          |  |  |
|   | ,                                     | ty Infrastructure Check for dama                     |       | ge to lids or pits                |                               |                          |  |  |
|   | Asphalt & Co<br>Crossovers            | ossovers   |       | ge, changes to height             |                               |                          |  |  |
|   | Verge/ treatm                         | ge/ treatments equipment.                            |       |                                   | ards, debris or builders      |                          |  |  |
|   | Kerb                                  | hazards  |       |                                   | e, changes to height and trip |                          |  |  |
|   | Street Tree                           | eet Tree Check for broken lii<br>root systems, overa |       |                                   | amage, invasion of            |                          |  |  |
| Comments:   |                                       |  |       |                                   |                               |                          |  |  |
| Officer Name:   |                                       | Officer Signature:                                   |       |                                   |                               |                          |  |  |
| Title/Position:   | Date of inspection:                   |  |       |                                   |                               |                          |  |  |