APPLICATION TO THE BUILDING AND PROPERTY LIST - REVIEW OF A DECISION



Building and Property List Melbourne VIC 3001 Phone 1300 01 8228 email: civil@vcat.vic.gov.au

PRIVACY STATEMENT

A copy of VCAT's privacy statement is available on the VCAT website - www.vcat.vic.gov.au/privacy

GETTING STARTED

Use this form is you are applying for a review of a decision made by the Domestic Building Dispute Resolution Victoria (DBDRV) or a review of **certain decisions** of the Victorian Building Authority (VBA). For more information go to www.vcat.vic.gov.au/buildingreview

All other VBA related reviews should be made to the Review and Regulations List – www.vcat.vic.gov.au/case-types/review-and-regulation

Use the 'Application to the Building and Property List (Building)' form if you are making a claim about a domestic building dispute or for the review of a decision of a warranty insurer.

FFFS

An application fee may apply. To find out about fees go to www.vcat.vic.gov.au/fees

| WHAT DECISION DO YO | U WANT VCAT | T TO REVIEW? |
|--|---|---|
| Decision information | | |
| Date of decision dd | / mm / 20 | 0 y y Reference no. |
| Date decision received dd | / mm / 20 | Оуу |
| application, please visit the VCAT web | osite – www.vcat.vic.go vill need to provide a r | . If you do not know the time limit applicable to your ov.au/buildingreview. In some cases, VCAT can extend the reason for not making your application within the correct your decision letter. |
| Are you applying for an extension of t | ime? | |
| No Yes – Please briefly | state the reason why y | your application was late |
| | | |
| DBDRV decision | | |
| a decision to issue or amend a dis | pute resolution order | • |
| a decision to issue a breach of dis | pute resolution order r | notice |
| a failure to issue a certificate of co of decision to reject the referral | nciliation within 10 bu | usiness days of written notice being given to parties |
| a decision to pay money out of th | e Domestic Building D | Dispute Resolution Victoria Fund |
| VBA decision | | |
| application to review the following | g decision | |
| What is the decision? | | |



RELATED PROCEEDINGS Is there, or has there been, another application at VCAT related to this matter No Yes – Provide VCAT reference number

| No Yes – Provide VCAT reference no | umber | |
|---|-------------------------------------|--------------------|
| | | |
| SITE DETAILS | | |
| Site address | | |
| Street address | | |
| Suburb | State | Postcode |
| WHO IS MAKING THIS APPLICAT | TION? | |
| The applicant is the person who makes the appl | ication. As applicant are you: | |
| Owner Builder Other specify | , | |
| If you are an individual: | | |
| First name | Last name | |
| Do you wish to be identified as a person of Abo | riginal and/or Torres Strait Island | er descent? No Yes |
| If you are an individual trading under a business | name | |
| Business name | | |
| ABN | | |
| If you are a company | | |
| Company name | trading as | |
| ACN | | |
| What is your address? | | |
| Street address | | |
| Suburb | State | Postcode |
| How can VCAT contact you? | | |
| Name of contact person | | |
| Daytime phone number | | |
| Do you want VCAT notices and correspondence | emailed to you? | |
| No Yes – provide email address bel | ow | |
| Email | | |



| Are you represented by a lawyer | r or a professional advo | ocate? |
|---|--------------------------|-----------------------------|
| No Yes – complete information belo | ow | |
| Name of law firm or professional advocate | | |
| Address | | |
| Suburb | State | Postcode |
| Name of contact person | | |
| Daytime phone number | | |
| Email | | |
| WHO IS THE RESPONDENT? | | |
| The respondent is the organisation who made the | decision. | |
| Who made the decision? | | |
| DBDRV or VBA | | |
| Title or office the person who made the decision | | |
| What is the respondent's address and contact d | etails? | |
| Address | | |
| Suburb | State | Postcode |
| Name/s of contact person (if known) | | |
| Daytime phone number | | |
| Email (if known) | | |
| If you are seeking a review of a DBDRV decision (An order will be made by VCAT joining the other whose interests are affected by this proceeding) | | of the VCAT Act as a person |
| If they are an individual/s | | |
| First name | Last name | |
| First name | Last name | |
| If they are an individual trading under a busines | s name | |
| Business Name | | |
| ARN | | |



| It they are a | company | | |
|-----------------------------|--|--------------------------------|---------------------|
| Company n | ame | trading as | |
| ACN | | | |
| What is | the address of the other party | | |
| Address | | | |
| Suburb | | State | Postcode |
| How car | n VCAT contact the other party? | | |
| Name/s of o | contact person (if known) | | |
| Daytime ph | one number | | |
| Email (if kno | own) | | |
| REASON | NS FOR APPLICATION | | |
| Please briefly | y state your reasons for making this application | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| HEARIN | G ARRANGEMENTS | | |
| | ncerned about security at the hearing, or if any party | needs an interpreter or specia | l assistance please |
| complete this to the partie | is section and contact VCAT before the hearing. VCA ⁻ s. | will make the necessary arran | ngements at no cost |
| · | ny other person appearing at the hearing need spe | ecial assistance? | |
| No [| Yes – specify what special assistance is needed | below | |
| | hearing loop | | |
| | interpreter – who needs an interpreter? | | |
| | First name Last r | name | |
| | Language/dialect | | |
| | other (e.g. assisted access) – please specify | | |
| | | | |
| | | | |



DOCUMENTS

| ATTACH TO THIS APPLICATION: |
|---|
| For a review of a DBDRV decision (other than a failure to issue a certificate of conciliation) |
| dispute resolution order notice and decision letter or |
| breach of dispute resolution order notice and decision letter |
| notice of decision to pay money out of the Domestic Building Dispute Resolution Victoria Fund |
| For a VBA decision |
| copy of VBA decision |
| ACKNOWLEDGMENT |
| Name of the person completing this application |
| First name Last name |
| l understand and acknowledge that: |
| to the best of my knowledge, all information provided in this application is true and correct. |
| it is an offence under section 136 of the Victorian Civil and Administrative Tribunal Act 1998 to knowingly give false or misleading information to VCAT. |
| Date dd / mm / 20yy |
| Signature |

HOW CAN YOU LODGE THIS APPLICATION?

Posting it to: Victorian Civil and Administrative Tribunal Building and Property List GPO Box 5408 Melbourne VIC 3001 Delivering it in person to:
Victorian Civil and Administrative Tribunal
VCAT Service Counter
Ground Floor, 55 King Street
Melbourne VIC 3001
Office hours: 9am–4:30pm Monday to Friday

Email to: civil@vcat.vic.gov.au



ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- corporate fees for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- standard fees for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support
- Health Care Card fees for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application

To find out if you need to pay an application fee and how much it costs, visit the fees page at www.vcat.vic.gov.au/fees

| | F | Е | Ε | R | E | | Ε | F |
|--|---|---|---|---|---|--|---|---|
|--|---|---|---|---|---|--|---|---|

We can reduce or not charge (waive) a VCAT fee in certain circumstances. Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying the fee would cause you financial hardship. Visit www.vcat.vic.gov.au for more information about fee relief. Are you applying for fee relief? No – complete **Fee payment** section Yes – complete Fee relief form and attach it to this application form FEE PAYMEN⁻

| Complete this section | on unless you are applying for fee relief or no fee is payable. |
|-----------------------|---|
| Choose the fee leve | l: |
| Standard | Corporate Health Care Card |
| Fee amount charged | d: |
| CARD DETAILS | |
| Cards accepted: | VISA MasterCard |
| Cardholder name: | |
| Card number: | |
| Card expiry: | mm / yy |
| | |
| Signed: | |
| Date: | dd / mm / 20yy |

REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES