## Notes for completing this prescribed form

### This form is to be used when:

You are seeking a discount for a prescribed financial contribution under the Brisbane Infrastructure Charges Resolution (Resolution).

### Applicant details:

The applicant is the person responsible for making the request and need not be the owner of the land. The applicant is responsible for ensuring the information provided in this form is correct. Any correspondence issued as a consequence of this request will be issued to the applicant.

The applicant should be the same as the applicant for a development approval or person who requested compliance assessment.

### Supporting information:

Information which must support the request for a discount:

* Evidence of the prescribed financial contribution.
* Details of the financial contribution relating to the local government trunk infrastructure network including:
  + The condition of approval requiring payment of the financial contribution.
  + Date and amount of financial contribution paid.
  + Evidence of an invoice and receipt for payment of the financial contribution.
  + The infrastructure agreement under which payment of the financial contribution has been satisfied (if applicable).
  + The Planning Scheme Policy stated in Schedule 8 of the Resolution that the financial contribution has been provided under.
  + Details of the payee of the financial contribution
* Calculation of the discount under Part 3 (Working out the discount for the prescribed financial contribution) of the Resolution.

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| * This is a prescribed form under the Brisbane Infrastructure Charges Resolution. * This form is to be used when seeking a discount for a prescribed financial contribution. * Scan and attach any additional, relevant information to support your request. * For further information please contact Council on (07) 3403 8888. | | |  | | --- | | **Please return:**   * **Checklist for a discount for a prescribed financial contribution,** * **Template for a prescribed form,** * **Evidence of the contribution, and** * **All other supporting information**   **by email to:** [dalodgement@brisbane.qld.gov.au](mailto:dalodgement@brisbane.qld.gov.au)  **including “Discount for a prescribed financial contribution – prescribed form (Form A)” in the subject line of the email** | |
| 1. Applicant Details  |  | | --- | | The applicant is the person responsible for making the request and need not be the owner of the land. The applicant is responsible for ensuring the information provided on this form is correct. Any correspondence issued as a consequence of the request will be issued to the applicant. |   Applicant Name *(company or individual)*   |  | | --- | |  | |  |   Contact Name:   |  | | --- | |  |   Postal Address:   |  |  | | --- | --- | |  | | |  | | |  | Postcode: |   Phone no. Fax no.   |  |  | | --- | --- | |  |  |   Mobile no.   |  | | --- | |  |   E-mail:   |  | | --- | |  |  2. Details of the proposed development 2a. Street Address   |  |  | | --- | --- | |  | | |  | | |  | Postcode: |   2b. Real property description   |  | | --- | |  |   2c. Development Application Reference Number   |  | | --- | | **A00** |   2d. Infrastructure Charge Notice (ICN) Number *(if applicable)*   |  | | --- | |  |   2e. Is the development part of a Multi-Permit or Multi-Stage  development? *If yes, please specify the number of stages.*   |  | | --- | |  | | 3. Details of the approved development relevant to the prescribed financial contribution 3a. List the related Permit or Development Approval reference number/s:   |  | | --- | |  |   3b. Provide a summary of the item/s and / or monies paid that are related to the prescribed financial contribution:  *Please also attach evidence of the prescribed financial contribution.*   |  | | --- | |  |   3c. Provide a summary of the prescribed financial contribution supporting information:  *Please also attach the supporting information.*   |  | | --- | |  |  4. Applicant’s declaration *I certify that I make this claim in accordance with the Brisbane Infrastructure Charges Resolution and am entitled to make this claim.*  Applicant’s name:   |  | | --- | |  |   Applicant’s signature Date   |  |  |  | | --- | --- | --- | |  |  | /  / | | |