



APPLICATION TO ALTER A UNITS PLAN

Form 055 - ALUP

Land Titles Act 1925

LODGING PARTY DETAILS

Name	Email Address	Customer Reference Number	Contact Telephone Number

TITLE AND LAND DETAILS

Volume & Folio	District/Division	Section	Block	Unit

UNITS PLAN NUMBER

DATE

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FULL NAME OF APPLICANT (Surname Last)

FULL POSTAL ADDRESS (including Post Code)

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TYPE OF VARIATION (Please tick relevant box and supply more detail – provide all unit numbers affected)

- Staged Development (please complete box below)
- Building Damage Order
- Minor Boundary Change
- Alteration to Schedule of Unit Entitlement
- Other

STAGED DEVELOPMENT (Please complete if application relates to a Staged Development)

TOTAL NUMBER OF STAGES	STAGE NUMBER FOR THIS APPLICATION	UNIT NUMBERS COMPLETED IN THIS STAGE	LIST PAGE NUMBERS IN PLAN THAT HAVE BEEN AMENDED/REPLACED

SUPPORTING DOCUMENTATION (Please tick relevant box – supply all evidence required)

- ACT Civil and Administrative Tribunal (ACAT) Order Number -
- Authority executed by the Authorised officer on behalf of the Minister / ACT Planning and Land Authority
- Amended Development Statement
- Gazettal Notice
- Amended Units Plan pages
- Amended Surveyors Declaration
- Application made within three (3) months of the date the Authority (ACTPLA) has executed replacement sheets

COURT ORDER PERIOD (complete if applicable)	APPLICATION PERIOD (complete if applicable)
Application must be made within three months of the date of the court order. Date of Court Order: -	Application must be made within three months of the unopposed resolution by the Owners Corporation endorsing an application to the Minister. Date of Unopposed Resolution: -

CERTIFICATION **Delete the inapplicable*

ACT Planning and Land Authority

- *The Certifier has retained the evidence to support this Registry Instrument or Document.
- *The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant law and any Prescribed Requirement.

Signed By:

Witnessed By (signature):

Delegate of Authority
Position Number:

Full name of Witness:

for: ACT Planning and Land Authority

CERTIFICATION **Delete the inapplicable*

Applicant

- *The Certifier has taken reasonable steps to verify the identity of the Applicant or his, her or its administrator or attorney.
- *The Certifier holds a properly completed Client Authorisation for the Conveyancing Transaction including this Registry Instrument or Document.
- *The Certifier has retained the evidence to support this Registry Instrument or Document.
- *The Certifier has taken reasonable steps to ensure that the Registry Instrument or Document is correct and compliant with relevant legislation and any Prescribed Requirement.

Signed By:

<Name of certifying party>
<Capacity of certifying party>

for: <Company name>

on behalf of the Applicant

OFFICE USE ONLY			
Lodged by		Registered date / by	
Data entered by		Attachments/Annexures	