

# APPLICATION TO BUILDING AND PROPERTY LIST (CO-OWNED LAND AND UNREASONABLE WATER FLOW)

Use this form if you want VCAT to hear a dispute about co-owned land and goods or unreasonable water flow between properties.

## WHO IS MAKING THIS APPLICATION?

### 1. Are you an individual, organisation or company?

- Individual  Organisation or company, skip to Question 4

### 2. Your details

Given names  Family name

Street number and name

Suburb  State  Postcode

Phone number

Email

### 3. Do you wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?

- Yes  No

### 4. Organisation or company's details

Contact person's name

Organisation or company name

Street number and name

Suburb  State  Postcode

Phone number

Email

## IS THERE ANOTHER APPLICANT?

Is there another applicant making this application with you? If not applicable, skip to Question 8.

### 5. Is the second applicant an individual, organisation or company?

Individual

Organisation or company, skip to Question 8

### 6. Individual's details

Given names  Family name

Street number and name

Suburb  State  Postcode

Phone number

Email

### 7. Organisation or company details

Contact person's name

Organisation or company name

Street number and name

Suburb  State  Postcode

Phone number

Email

## IS SOMEONE REPRESENTING YOU?

### 8. Are you represented by a lawyer, professional advocate or other professional representative?

If you are the lawyer, professional advocate or other professional representative for the person you are applying about, skip to Question 13.

Yes

No, skip to Question 13

### 9. Name of lawyer, professional advocate or professional representative

Title  Given names  Last name

### 10. Address

Organisation (if applicable)

Street number and name

Suburb  State  Postcode

### 11. Contact details

Phone number

Email

**12. Do you want VCAT to send all correspondences to your professional representative?**

Yes       No

### WHO ARE YOU MAKING THE APPLICATION AGAINST?

The person you are making an application against is the respondent.

**13. Is the respondent an individual, an organisation or company?**

Individual                       Organisation or company, skip to Question 15

**14. Respondent's details**

Given names  Family name

Street number and name

Suburb  State  Postcode

Phone number

Email

**15. Organisation or company's details**

Contact person's name

Organisation or company name

Street number and name

Suburb  State  Postcode

Phone number

Email

### SECOND RESPONDENT'S DETAILS

Is there another respondent you are making this application against? If not applicable, skip to Question 19.

**16. Is the second respondent an individual, organisation or company?**

Individual                       Organisation or company, skip to Question 18

**17. Individual's details**

Given names  Family name

Street number and name

Suburb  State  Postcode

Phone number

Email

**18. Organisation or company's details**

Contact person's name

Organisation or company name

Street number and name

Suburb  State  Postcode

Phone number

Email

**APPLICATION FOR ORDER**

**19. Describe the order you want VCAT to make and include the Act (including the sections), or other relevant legislative provisions.**

**20. Provide the reasons you are making this application:**

**21. Do you want to apply for an injunction?**

No

Yes, additional fee applies. See [www.vcat.vic.gov.au/leasefees](http://www.vcat.vic.gov.au/leasefees)

## HEARING ARRANGEMENTS

We offer a range of support services for people with disability, those who need an interpreter and to help with accessibility

**22. Do you or anyone mentioned in this application need special assistance at the hearing?**

Help accessing the venue (e.g. wheelchair access)

Interpreter required

Language:

Assisted communication (e.g. assistive listening device or hearing loop)

Attend the hearing by phone or video link

Other

Provide more detail about who needs the forms of assistance you have indicated and why.

## 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 this claim
- **concession 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, go to [www.vcat.vic.gov.au/fees](http://www.vcat.vic.gov.au/fees).

## FEE RELIEF

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.

For more information about fee relief, go to [www.vcat.vic.gov.au/feerelief](http://www.vcat.vic.gov.au/feerelief).

### Are you applying for fee relief?

- No, go to **Fee payment** section
- Yes, complete **Fee relief form** and attach it to this application form

## FEE PAYMENT

Complete this section unless you are applying for fee relief, no fee is payable or you wish to pay using another method. For other payment options, see [www.vcat.vic.gov.au/howtopay](http://www.vcat.vic.gov.au/howtopay).

Choose the fee level:  Standard  Corporate  Concession

Fee amount charged

### Card details

Cards accepted:  VISA  MasterCard

Cardholder name:

Card number:

Card expiry (mm/yy):

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

## ACKNOWLEDGMENT

By completing this application, I 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/YYYY):

## FURTHER STEPS TO TAKE

Ensure you do the following:

- Attach a copy of any documents that support your application
- Give a copy of this application to every person mentioned in this application
- Make a copy of this application for your own records
- Attach a copy of the certificate of title to any co-owned land

## INFORMATION PRIVACY

If you wish to know how VCAT may use the information you provide, refer to VCAT's privacy statement on the website ([www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy)). In most situations, VCAT is not allowed to publicly disclose information about a person apart from publishing decisions, repeating anything said or done at a public VCAT hearing and allowing the public to search the register and files.

## SUBMIT THIS FORM

Submit your application and all supporting documents by email, by post or delivering it in person.

### By email

Email [civil@vcat.vic.gov.au](mailto:civil@vcat.vic.gov.au)

### By post

Send to:

The Registrar  
Building and Property List  
Victorian Civil and Administrative Tribunal  
GPO Box 5408 Melbourne VIC 3001

### Deliver in person

Deliver in person to:

Customer Service Counter  
Ground Floor, 55 King Street  
Melbourne, VIC 3000.

## NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact us by phone, email or in person.

### By email

Email [civil@vcat.vic.gov.au](mailto:civil@vcat.vic.gov.au)

### By phone

Call us between 9 am and 4.30 pm Monday to Friday on 1300 01 8228 (1300 01 VCAT)

### In person

Our office is located at Ground Floor, 55 King Street, Melbourne, VIC 3000.  
We are open Monday to Friday from 8.30 am to 4.30 pm.