



TRANSFER OF BOATSHED PERMIT

Boatshed Number : _____

Current Permit Holder (Transferor)	Proposed Permit Holder (Transferee)
Name : _____	Name : _____
Address : _____ _____	Address : _____ _____
Email : _____	Email : _____
Mobile : _____	Mobile : _____
A/H : _____	A/H : _____
B/H : _____	B/H : _____

Sale Price : \$ _____	Date of Settlement : ____ / ____ / ____
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TRANSFER FEE PAYABLE BY PURCHASER

Transfer fee is calculated on 5% of the purchase price +GST. **The transfer fee must be paid at the time of the lodgement of this form.**

Sale Price : \$ _____ x 5% = \$ _____

Plus GST : \$ _____

TOTAL FEE PAYABLE : \$ _____

Signature of current Permit Holder (transferor): _____ Date: _____

Signature of proposed Permit Holder (transferee) : _____ Date: _____

I have read and agree to abide by the Capel Sound Foreshores Boatshed Policy, and agree to complete any maintenance requirements as specified by the Committee of Management.

- Transferees are responsible for any outstanding maintenance requirements or notices to comply on the boatshed.
- Transfer will not be approved where outstanding works, as notified by the CoM, have not been complied with.
- It is the responsibility of the transferee to comply with the Capel Sound Foreshores Boatshed Policy.
- Tenure of the site is for 12 months, renewal date June 30th.
- Annual fee is due June 30th.
- The Committee of Management has the right to refuse renewal of the tenure.
- Transfer of the Boat Shed site is subject to any conditions set by the committee.
- Please read attached conditions of Boat Shed Policy
- Please forward your completed notice, with your transfer fee and a copy of Mornington Peninsula Shire Council Rates notice to : Capel Sound Foreshores Committee of Management
 PO Box 2041
 Rosebud 3939



COMMITTEE OF MANAGEMENT INC.
PO Box 2041 Rosebud 3939
Ph : 03-5986 4382 Fax : 03-5982 2790
email: info@capelsoundforeshore.com.au
ABN: 11 677 211 774

Office Use Only	
Date Received :	
Client Id :	
Receipt No. :	Reservation No. :
Date Inspection Completed :	
Date to CoM member :	
Approved : Yes / No	Date :