

Please print clearly in BLOCK LETTERS with a black pen. Please tick the appropriate boxes. DA/CC/CDC No. •

1 Applicant's details

Applicant's name(s) Full name

Applicant's postal address * Street or PO

Town/Locality State Postcode

Daytime contact details Phone No. Fax No.

Mobile Email

Signature of applicant(s) Date / /

Date / /

2 Owner Details

All owner(s) must consent to the lodgement of the application.

Owner's name(s) Full name

Owner's postal address * Street or PO

Town/Locality State Postcode

Daytime contact details Phone No. Fax No.

Mobile Email

Declaration and signature of ALL owner(s)

I/we are the owner(s) of the land shown in property details below and consent to this application being made. I/we authorise power of entry for Council employees to make inspections related to this application. This form may be available for public access and/or disclosure under various NSW Government legislation.

Date / /

Date / /

3 Property details

Property address to which the application relates House/unit No. OR property name Street

Town/Locality Postcode Area of land

Lot(s)/Portion DP/Section

4 Application type and plumber's details

Please tick type of connection

Connect to Council's sewer

Connect to Council's pressure sewer

Amendment to private plumbing/drainage

Stormwater

Please submit 3 copies of all plans with owner's name and address of site on each copy. Your application cannot be processed until all of the required information is provided.

Plumber's name

Postal address

Town/Locality State Postcode

Mobile Phone Fax No.

Licence No. Expiry date / / Email

Plumber's signature Date / /

OFFICE USE ONLY



CS Staff

Receipt date:

Receipt No:

Code: 2059 WO # 2955.785

Access No:

Parcel No:

TRIM No:

		Allocation No:
Admin Fee	\$	<input type="text"/>
Pressure Sewer Fee	\$	<input type="text"/>
TOTAL	\$	<input type="text"/>