

Please print clearly in BLOCK LETTERS with a black pen.

Inspection date

Please tick the appropriate boxes.

1 Premises details

Property description	Lot /Section/DP	<input type="text"/>	
Location	No. and Street	<input type="text"/>	
	Town/Locality	<input type="text"/>	Postcode <input type="text"/>

2 Applicant details

Your name	Full name	<input type="text"/>		
Postal address <input checked="" type="checkbox"/>	Street or PO	<input type="text"/>		
Daytime contact details	Phone	<input type="text"/>	Fax	<input type="text"/>
	Mobile	<input type="text"/>	Email	<input type="text"/>
Signature of applicant(s)	<input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>

3 Existing owner

I hereby permit Council to enter the premises for a pre-purchase inspection and provide the inspection report to the person(s) indicated below

Your name	Full name	<input type="text"/>		
Postal address <input checked="" type="checkbox"/>	Street or PO	<input type="text"/>		
Daytime contact details	Phone	<input type="text"/>	Fax	<input type="text"/>
	Mobile	<input type="text"/>	Email	<input type="text"/>
Report delivered to	Contact details	<input type="text"/>		
Signature of owner(s) / proprietor(s)	<input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>

Disclaimer

If Council identifies serious breaches of relevant legislation on inspection, it may take appropriate enforcement action. Council may also disclose contents of this inspection to a third party if required to do so by another relevant statutory provision.

Note

This inspection is to assess the performance of the on-site sewage management system in accordance with the Department of Local Government's Guidelines and the Local Government (General) Regulation 2005. Council will issue an approval to operate the system under section 68 of the *Local Government Act*. This approval may operate for a period up to 10 years.

The inspection **DOES NOT** include • assessment of compliance with the Building Code of Australia or AS1546 or AS1547; • investigation of the presence of development approvals, and compliance with any such approvals; • investigation of the presence of outstanding notices and orders on the subject premises

OFFICE USE ONLY | BEGA VALLEY SHIRE COUNCIL



Receipt No.

Receipt date

CS staff

Receipt type:

744 – DA
2100 – no DA

Allocation No.

Application fee

\$293.00

ABN: 26 987 935 332