

APPLICATION FORM - PERMISSION TO BUILD OVER SEWER

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Applicant's D	etails						
Title:	Mr	Mrs	M:	s	Miss	Company	
First name:			(Given name(s):			
Last name:	Last name:						
Company nai	Company name: ACN/ARBN:						
Postal address:							
Locality:			9	State:		Postcode:	
Phone:			F	Fax:			
Mobile:			E	Email:			
Preferred me	ethod of cor	respondence:	🗌 Mai		🗌 Email		
Property Det	ails						
	uns						
Street addre	ss:						
Lot & Plan:							
Locality:			9	State:		Postcode:	
Description of Work (Relevant Plans & Documents must accompany this application)							
Build over or within 1.2 metres of Councils sewer main.							
Build over of	Wieimi 1.2	metres of councits se		•			
			Office Use	e Only			
G/L: 2020.105.61							
Fee:							
Date:							