

To the General Manager, Coffs Harbour City Council

**APPLICATION FOR APPROVAL TO UNDERTAKE OR MODIFY:
SANITARY PLUMBING AND DRAINAGE; AND
ON-SITE SEWAGE MANAGEMENT SYSTEM
Section 68, Local Government Act 1993**



COFFS HARBOUR
CITY COUNCIL

Locked Bag 155, Coffs Harbour 2450; DX 7559
Administrative Centre, 2 Castle Street, Coffs Harbour
Email: coffs.council@chcc.nsw.gov.au Phone: (02) 6648 4000 Fax: (02) 6648 4199
Website: www.coffsharbour.nsw.gov.au ABN 79 126 214 487

1. Details of the applicant

It is important that Council is able to contact you if more information is required. Please give as much detail as possible.

Mr Ms Mrs Dr Other:

Given name/s

Surname

Company/organisation

ABN

Postal address

Suburb or town

State

Postcode

Daytime telephone

Fax

Mobile

Email address

2. Details of the property

Unit/street no.

Street name

Suburb, town or locality

State

Postcode

Lot/DP or Lot/Section/DP or Lot/Strata no.

3. Type of Building

Provide details of the type of building (eg. dwelling, dual occupancy, office, factory)

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OFFICE USE ONLY

Date received

Application fee (if applicable)

\$

Receipt No.

Inspection(s)

\$

Property Number

D/A Number:

Total:

\$

Drainage Plan No.

4. Nominate and describe the type of approval sought

Tick applicable box/s:

- Approval to carry out sanitary plumbing and drainage and connect to Council's sewer system (SP&D)
- Approval to carry out sanitary plumbing and drainage and install on-site sewage management system (septic/aerated wastewater system) (OSSM)
- Approval to modify:
 - Sanitary Plumbing & Drainage
 - On-Site Sewage M'ment System

Description of proposed works:

.....

Number of water closets (toilets):-

Existing:- N/A Number:

Proposed:- N/A Number:

Is there an existing Water Service on the premises Yes No

5. On-Site management system

- Not Applicable
- Applicable. **Complete Addendum A and attach relevant information**

6. Details of the plumber / drainer

Name:

Address:

License number:

Licensed for:

License expiry date:

Plumber / Drainer Signature:

7. Inspection requirements

Work requiring inspection includes internal drainage, external drainage, effluent collection tank and associated drain field. Inspection fees will be levied on the basis of number of separate site visits required for inspection/s. Nominate the number of separate site visits required.

No. of inspections required:.....

8. Applicable fees and charges

To view the applicable fees and charges associated with this application please refer to Council's adopted fees and charges at www.coffsharbour.nsw.gov.au/fees

9. Privacy and personal information protection notice

- this information is voluntarily required to process your request and will not be used for any other purpose without seeking your consent, or as required by law;
- your application will be retained in Council's Records Management System and disposed of in accordance with the Local Government Disposal Authority;
- your personal information can be accessed and corrected at any time by contacting this Council.

OFFICE USE ONLY

Date received	<input type="text"/>	Application fee (if applicable)	<input type="text"/>	Receipt No.	<input type="text"/>
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All owner(s) of the land being developed must sign the application.

It is the applicant's responsibility to clearly demonstrate that all owners have consented to the lodging of the application. Individual owners must sign and print their names. Where the owners are companies or involve a body corporate, sufficient detail demonstrating the authority of the person signing as/or on behalf of owner must accompany the application.

If the applicant is not the owner of the land, a statement signed by the owner of the land to the effect that the owner consents to the making of the application is required.

Signature

Name

Date

Signature

Name

Date

11. Applicant's Signature/s

I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded.

Signature/s: **Date:**/...../.....

