

To the General Manager, Coffs Harbour City Council

APPLICATION FOR APPROVAL TO OPERATE AN ON-SITE SEWAGE MANAGEMENT SYSTEM



Section 68, Local Government Act 1993 & Part 2, Local Government (General) Regulation 2005.

Locked Bag 155, Coffs Harbour 2450;

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

This form may be used to apply for an approval or renewal of an approval to operate an on-site sewage management system including:

- Change of ownership;
- Existing on-site sewage management system (not currently on Council's register).

1. Owner's Details

Surname		Given name(s)	
<input type="text"/>		<input type="text"/>	
Surname		Given name(s)	
<input type="text"/>		<input type="text"/>	
Postal address			
<input type="text"/>			
Suburb, town or locality		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone (BH)	Phone (AH)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			
Is the property owner-occupied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please provide occupier details and/or agent:			
Agent/Occupier		<input type="text"/>	
Phone (BH)	Phone (AH)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Applying For

- Renewal for approval to operate (Section 4 Not Applicable)
- Change of Ownership (Section 4 Not Applicable)
- Approval to operate an existing on-site sewage management system (not currently on Council's register)

3. Location of Property Where System is Installed

House No	Street/Road		
<input type="text"/>	<input type="text"/>		
Property Name	Allotment area/size		
<input type="text"/>	<input type="text"/>		
Locality/Town	Lot No	DP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

OFFICE USE ONLY

Date received	<input type="text"/>	Application fee	<input type="text"/>	Receipt No.	<input type="text"/>
---------------	----------------------	-----------------	----------------------	-------------	----------------------

**4. Details of On-site Sewage Management System on the Property (please tick)
(Not applicable to Renewal of Approval to Operate or Change of Ownership)**

No. of systems on the premises: * One Two Three Other _____

*** Please complete one form for each system**

Type of buildings served: Dwelling Dual Occupancy Granny Flat Commercial
 Shed Amenities Block Other _____

Estimated age of system: < 5 years 5 - 10 years 10 - 20 years > 20 years

No. of bedrooms in the dwelling: One Two Three Four Five Six or more

No. of occupants: 1 - 5 6 - 10 10 or more

Occupation rate: Permanent Occasional/Holiday

Water supply: Reticulated town Rainwater Bore Other _____

Type of On-site Sewage Management System

- Primary septic tank with secondary aerated treatment and spray irrigation
 Name of Service Agent Agent's Contact No.
- Primary septic tank with secondary aerated treatment and sub-surface irrigation
 Name of Service Agent Agent's Contact No.
- Septic tank with on-site effluent disposal by absorption trench Septic tank with effluent pump-out
- Composting toilet with separate greywater management system Greywater treatment system
- Other/unknown (please describe) _____

5. 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.

6. Privacy and personal information protection notice

- this information is required to process your request and will not be used for any other purpose without seeking your consent, **or as required by law**;
- your information may comprise part of a public register related to this purpose;
- 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.

7. Owner(s) Signature and Declaration

As owner(s) of the above described property, I/we hereby apply for Approval to Operate the On-site Sewage Management System described in this application.

Name of Owner(s)	Signature(s)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>