

APPLICATION TO INSTALL OR AMEND AN ON-SITE SEWAGE MANAGEMENT SYSTEM

Local Government Act 1993 – Section 68, Part C
Local Government (General) Regulation 2005 – Section 26

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



1. Property Description

Unit/street no.	Street name		
<input type="text"/>	<input type="text"/>		
	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lot/DP or Lot/Section/DP or Lot/Strata No.			
<input type="text"/>			

2. Type of work

Install new or amend existing on-site sewage management system (OSSM)

OR

Replace existing septic tank with new septic tank (no change to effluent disposal field)

If there is more than one system on the property, please identify which system this applies to (e.g. granny flat)

3. Owner Details

Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Phone
<input type="text"/>		<input type="text"/>
Name of company / organisation		
<input type="text"/>		

4. Applicant Details (all fields must be filled in)

Title	Given name/s	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of company / organisation		ABN or ACN (if any)	
<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		Mobile	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			

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/fees

6. 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 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. Applicant/s Signature

I apply for approval and declare that I have the consent of the owner of the land to make this application and authorise Council or its appointed officers to enter upon the subject premises for the purpose of pre-determination site inspections and for the purposes of conducting inspections of work being carried out.

Applicant's Signature: **Date:**/...../.....

OFFICE USE ONLY

(CASHIERS CODE: SEPT)

Date Received

Fee (if applicable)

\$

Receipt No.

Property No.

D/A No. (if applicable)

OS No. (if applicable)

ST No.

Waste Water Report attached?

YES

NO