

**OPERATE AN ON-SITE SEWAGE MANAGEMENT /  
GREY WATER RE-USE SYSTEM  
APPLICATION FORM**

Made under Section 68 of the Local Government

<b>Property Key:</b>	Office Use Only
<b>Development App No:</b>	
<b>On-site Sewage Management App No:</b>	
<b>Date Received:</b>	044768.2014 (JULY 2016)

**LEGAL REQUIREMENTS REGARDING INFORMATION PROVIDED TO COUNCIL**

Council is obliged under s.6 of the *Government Information (Public Access) Act 2009* to publish details of all development applications (including names of applicants and owners) and any associated documents on the website, except for floor plans of any residential parts of a building. Please note that the information provided by you on this form will be used by Council or its agents to process this application and it can be made available, as required by law, to other government agencies. Under the *Privacy and Personal Information Protection Act 1998*, some personal information provided on this form, such as phone numbers, will not be published on Council's website. Information regarding access to or publication of information by Council, can be referred to Council's Privacy Contact Officer.

**Type of application: (Please tick appropriate box)**

<input type="checkbox"/> <b>Transpiration/Absorption Trench</b>	<input type="checkbox"/> <b>Grey Water Re-use</b>
<input type="checkbox"/> <b>Pump Out Septic Tank</b>	<input type="checkbox"/> <b>Aerated Septic Tank (Brand)</b>
<input type="checkbox"/> <b>Compost Toilet</b>	<input type="checkbox"/> <b>Other (please specify)</b>

**Address details**

Shop/Unit No:	House No:	Office Use <input type="checkbox"/>
Street:	Suburb:	
Lot No:	Deposited / Strata Plan No:	Section:

**Proposed Details**

Give details of the relevant breakdown procedures:	<input type="checkbox"/>

**Service Contractor – details of contractor servicing the system**

Family Surname(s)/Names(s) (or company & ACN): / Company Contact Person:			<input type="checkbox"/>
Address:		Postcode:	
Home Phone:	Business Phone:	Mobile:	
Fax:	Email:		
<b>Declaration:</b> I/we declare that I/we are the Service Contractor for the relevant system on the property outlined above. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Contractor's Signature:</b> (or person signing on their behalf and capacity)		<b>Date:</b>	

**Owner's / Applicant's details (this section must be signed by the owner)**

Family Surname(s)/Names(s) (or company & ACN): / Company Contact Person:			<input type="checkbox"/>
Address:		Postcode:	
Home Phone:	Business Phone:	Mobile:	
Fax:	Email:		
<b>Owner(s) Declaration:</b> I/we own the subject land, consent to this application and consent to Council officers entering the premises during normal office hours for the purpose of conducting inspections relative to this application. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Owner's Signature:</b>		<b>Date:</b>	