

Please print clearly in **BLOCK LETTERS** with a black pen. Please tick  the appropriate boxes. DA/ CC/ CDC No.

<input type="checkbox"/>	<input type="checkbox"/>	•	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**1 APPLICANT'S DETAILS**

**Applicant's name(s)** Full name

**Applicant's postal address**  Street or PO

Town/Locality  State  Postcode

**Daytime contact details**

Phone No.  Fax No.

Mobile  Email

**Signature of applicant(s)**  Date

Date

**2 OWNER'S DETAILS** All owner(s) must consent to the lodgement of the application.

**Owner's name(s)** Full name

**Owner's postal address**  Street or PO

Town/Locality  State  Postcode

**Daytime contact details**

Phone No.  Fax No.

Mobile  Email

**Declaration and signature of ALL owner(s)**

I/we are the owner(s) of the land shown in property details below and consent to this application being made. I/we authorise power of entry for Council employees to make inspections related to this application.

Date   Date

Date   Date

**3 PROPERTY DETAILS**

**Property address** to which the application relates

House/unit No. OR property name  Street

Town/Locality  Postcode  Area of land

Lot(s)/Portion  DP/Section

**4 APPLICATION TYPE AND PLUMBER'S DETAILS**

**Please tick  type of connection**

Connect to Council's sewer

Connect to Council's pressure sewer

Amendment to private plumbing/drainage

Please submit **3 copies** of all plans with owner's name and address of site on each copy. Your application cannot be processed until all of the required information is provided.

**Plumber's name**

**Postal address**

Town/Locality  State  Postcode

Mobile  Phone  Fax No.

Licence No.  Expiry date  Email

**Plumber's signature**  Date



Assess No.

Parcel No.

DW doc No.

Receipt No.

Receipt date

CS staff

BEGA VALLEY SHIRE COUNCIL

Allocation No.

Admin fee \$

Pressure sewer fee \$

**TOTAL** \$