

Applicant details

Your name(s) Full name _____

Postal address Street or PO _____

Town/Locality _____ State _____ Postcode _____

Daytime contact details Phone _____ Fax _____

Mobile _____ Email _____

Property details

Property address where the variation is requested

Lot _____ Sec _____ DP _____

Portion No. _____ Strata Plan No. _____

House/Unit No. OR property name _____ Street _____

Town/Locality _____ Post code _____

Present use of property _____

Details of variation

Variation requested
How you want the water restriction varied


Reason for variation
Why you need the water restriction varied

Declaration I acknowledge that if this application is approved, any departure by me from the conditions of that approval will result in cancellation of the approval.
I also acknowledge that I will not depart from the advertised restrictions until this application has been approved.

Signed

Date / /20

OFFICE USE ONLY



Received by

Date received