



GWYDIR SHIRE COUNCIL
 ABN 11 636 419 850
 Locked Bag 5, Bingara NSW 2404

Application Number: _____
Amount Paid: _____ Date: _____
Receipt Number: _____

Email: mail@bingara.nsw.gov.au

Website: www.gwydir.local-e.nsw.gov.au

Bingara Office: 33 Maitland St, Bingara NSW 2404 Telephone: 02 6724 2000 Facsimile: 02 6724 1771
 Warialda Office: 54 Hope Street, Warialda NSW 2402 Telephone: 02 6729 3000 Facsimile: 02 6729 1400

**APPLICATION FOR REGISTRATION OF ON-SITE SEWAGE
 MANAGEMENT DEVICE**

Local Government Act 1993, (Section 169/2), Ordinance No. 70

The General Manager
 Gwydir Shire Council

Application is made by _____
 (Name of Applicant)

of _____
 (Applicant's Address)

for the registration under section 68 of the Local Government Act 1993 in relation to the operation of an on-site sewage management device.

The applicant is:-

- a) *the owner of the property or part or the owner's solicitor, architect or agent;
- b) *the purchasers under a contract for sale of property, which comprises or includes the building or part, or the purchaser's solicitor or agent;
- c) *a public authority which has, before making this application, served a copy of the application on the owner;
- d) *a lawful occupier of Crown lands which comprise or include the building or part, being a person to whom the lands are lawfully contracted to be sold; or
- e) *a person with the consent in writing of the owner of the building or part or the owner's solicitors or agent.

Consent of Owner

I, _____
 (Insert name / owner / owner's solicitor / agent)

of _____
 (Insert address of owner / owner's solicitors / agent)

being the owner / owner's solicitor / agent*, consent to the making of this application.

 (Signature of owner / owner's solicitor / agent)

 (Date)

IDENTIFICATION OF SYSTEM

Location:

Street:_____
Side of Building (eg. north)_____
House Number, Unit Number or Name_____
Nearest Cross Street_____

Particulars

Type of System (septic, AWTS, Composting Toilet, other)_____

Type of Disposal (trench, transpiration area, irrigation/sub surface, etc)_____

Description

Lot and or Portion Number_____
Section_____
Deposited Plan, Strata Plan, or Estate_____
Lease Number and type of holding (if Crown land)_____

District, town or village_____
Parish_____

Applicants Signature

Date