**Applicant Details:**

Applicant’s First and Last Name

Applicant’s Full Contact Address

Applicant’s Phone Number Applicant’s Email Address

Acting For: Choose an item.

**Certificates Required:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 10.7 (2) Certificate | $53 |  | 735(A) Inspection Required | $120 |
| Section 10.7 (2 & 5) Certificate | $133 |  | S121ZP Certificate | $70 |
| Section 10.7 (2 & 5) Building Entitlement | $133 |  | S608 Certificate | $70 |
| Drainage Plan (Internal) | $60 |  | Certificate of Rates (S603) | $85 |
| Sewer Plan (External) | $110 |  | Water Meter Read | $102 |
| 735(A) Outstanding Notices | $70 |  | Urgency Fee (within 24 hours) | $118 |
|  |  |  |  |  |

**Property Location Details:**

Parish: Parish Name County: County Name Town/Village: Town Name

House Number: House Number Street Name: Street Name Nature of Property: Nature of Property

**Legal Description:**

Lot Number: Lot Number Deposited Plan (DP) Number: DP Number

Portion: Portion Number Section: Section Number Folio/Volume: Volume Number

Council Assessment Number: Council Assessment Number

**Registered Proprietor’s/Vendor’s/Purchaser’s Details:**

Proprietor: Registered Proprietor’s First and Last Name Occupant: Occupier’s First and Last Name

Registered Proprietor’s Full Contact Address

Vendor: Vendor’s First and Last Name

Vendor’s Full Contact Address

Purchaser: Purchaser’s First and Last Name

Purchaser’s Full Contact Address

Purpose of Inquiry: Purpose of Inquiry

*Please print, sign and return to Coonamble Shire Council*

Signature of Applicant: Date: dd/ mon / yyyy

**Office Use Only** Received: Receipt #: Asst #: