

We recommend that you make an appointment to speak to Council's Environmental Services staff to assist with the completion of this form and to discuss your development proposal.

Address this application to: The General Manager, Edward River Council			Contact us		
Mail	Personal Delivery	Phone	03 5898 3000		
PO Box 270	180 Cressy Street	Fax	03 5898 3029		
Deniliquin NSW 2710	Deniliquin NSW 2710	Email	council@edwardriver.nsw.gov.au		

1. Applicant Details				
Applicant Name				
Postal Address				
Your reply will be posted to this address				
Company contact				
person				
Phone		Email		
Contact name for access to premises		Contact phone		

2. Land Details		
Street Number	Street	
Town	Site Area m ²	
Lot/DPs numbers		

The above information is available from your rate notice, property deeds, or from Council's property maps.

3. Owner/s Consent (Must be completed by the owner of the land). As the owner/s of the land to which this application relates, I/we consent to this application. I also give consent for authorised Council Officers to enter the land to carry out inspections.							
Owner Name				Additional owner/s			
Signature				Signature/s			
4. Building	details - Des	cription and detai	ls of the buil	lding to be certif	ied		
Whole or Pa	Whole or Part of the Building Whole Part					Part	
5. Supporting Information submitted							
Surve	/ey Plan 🗌 Title Plan 🔲 Other:						
			•				
6. Applicar	6. Applicant's Declaration						
I apply for consent to carry out the development described in this application. I declare that all the information given is true and correct. I also certify that the development proposal submitted with this form and as detailed on the attached plans will comply with all covenants, caveats and restrictions to user however described or recorded on this title. I also understand that if incomplete, the application may be delayed, rejected or more information may be requested.							
Signature:							
Date							