

## Planning Certificate Application

Applicant Details			
Company Name:			
Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email: (all certificates will be emailed)			
Reference:			
Bank Details: (refund purposes)	BSB:	Account Number:	
	Account Name:		

Property Description (Please supply address details)			
Address:			
Suburb:			
Lot No.	Plan No.	Section.	
Owner:		Purchaser:	
Please select certificate/s required			
<input type="checkbox"/> 603 CERTIFICATE			
<input type="checkbox"/> NOXIOUS WEEDS CERTIFICATE			
<input type="checkbox"/> DIAGRAM OF DRAINAGE SERVICE			
<input type="checkbox"/> OUTSTANDING ORDERS AND NOTICES			
<input type="checkbox"/> ONSITE SEWERAGE CERTIFICATE			
<input type="checkbox"/> SECTION 10.7 (previously 149) CERTIFICATE		<input type="checkbox"/> 10.7 (2)	<input type="checkbox"/> 10.7 (2&5)
Diagram of Drainage Service Disclaimer: Position and boundaries being approximate only and that they may have been drawn from original building plans, discrepancies can result from amendment, the type of lines and unpermitted work. Before any building is commenced, location of drainage lines is recommended...this diagram only indicates availability of sewer and any sewerage service as existing on Councils records.			
OFFICE USE ONLY			
Certificate/s:			
Total Paid:	Rec:	Date Rec:	CSO: