

**Contact Details:**

Postal Address: PO Box 177, Macksville NSW 2447
Telephone: (02) 6568 2555

Office Location:

44 Princess Street, Macksville NSW 2447

Website:

www.nambucca.nsw.gov.au

Email:

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Updated: July 2023 Our Ref: 6015/2011

APPLICATION FOR APPROVAL TO OPERATE AN EXISTING ONSITE SEWAGE MANAGEMENT SYSTEM

Are there any structures on the property capable of being occupied for residential purposes?

YES ☐ If **YES** – Please complete this form and return it with the Application fee

NO ☐ If **NO** – Please complete the property details only and **RETURN THE FORM**

PROPERTY DETAILS:

Assessment No: _____ **Lot No:** _____ **DP:** _____

Street Address: _____ **Locality:** _____

Application is herewith made to operate an On-Site Sewage Management System on the above property

Owner: _____	SEWAGE SYSTEM: Installed: <input type="checkbox"/> Within 10 yrs <input type="checkbox"/> Within 15 yrs <input type="checkbox"/> Excess 15 yrs Type: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Composting <input type="checkbox"/> Aerated System <input type="checkbox"/> Cess Pit <input type="checkbox"/> Others _____ Number of persons in dwelling: _____
Address: _____	

Phone: _____	
Email: _____	
Occupier/Agent: _____	

An inspection of the existing sewage system will be required, please indicate any difficulties with access to the property.

☐ Locked gates ☐ Dangerous Animals ☐ Others _____

Please provide a contact telephone number if you wish to be on site during the inspection:

Telephone: (daytime) _____

<i>Signature of Applicant</i>	<i>Signature of Owner/s</i> <small>If the applicant is not the owner, owner's consent is required</small>
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Date: _____

Date: _____

PTO }

Office Use Only

Parcel ID: _____ FEE: \$60.00 RECEIPT NO: _____ DATE: _____ Lic No: 20._____._____._____

LOCALITY PLAN

Please indicate below the location of the property in relation to road junctions, landmarks, etc, (distances from road junctions) and any distinguishing property identification.