

ABN: 46 211 642 339 PO Box 420, Cootamundra NSW 2590 Email: mail@cgrc.nsw.gov.au www.cgrc.nsw.gov.au

		88.00
PROPERTY CE	RTIFICATE APPLICATION – 2024/25	
I hereby apply for the unde	ermentioned certificate(s) for the property described herein:	
☐ Certificate under Section 603 (Local Government Act 1993)		
□ Water Meter Reading (Local Government Act 1993)		
	rtificate	POA
☐ Certificate under Section 735A (Local Government Act 1993)		
☐ Certificate under Schedule 5 (Environmental Planning & Assessment Act 1979) formerly Section 121ZP		
☐ Certificate under Section 23 (Swimming Pools Act 1992)		\$ 71.00
☐ Certificate under Section 10.7(2) (Environmental Planning & Assessment Act 1979)		
☐ Certificate under Section 10.7(2) & (5) (Environmental Planning & Assessment Act 1979)		
☐ House Drainage/Sewer Plan (Local Government Act 1993)		
☐ Dwelling Permissibility Search		\$ 350.00
☐ Issue of Fire Safety Schedule for Premises >300m²		\$ 580.00
(Clause 80A EP&A Development Certification & Fire Safety Regulations 2021)		\$ 560.00
☐ Issue of Fire Safety Schedule for Premises <300m² not previously issued		ć 200 00
(Clause 80A EP&A Development Certification & Fire Safety Regulations 2021)		
Urgency Fee - 2 day delivery		\$ 160.00 \$ 10.25
☐ Electronic Service Delivery		
	are issued by Individual Assessment.	
DESCRIPTION OF LANI	<u>D</u>	
House No Stre	et Local <mark>ity</mark>	
Lot Sect	ion DP/SP Land Area ha/m²	
	51,61 auna / 110	
Owner's Name		
Applicant Name		
Applicant Address		71
Applicant Reference		
Return Certificate by:	CHOOSE ONE ONLY i.e. if you request email, you will not receive a hard copy	
☐ Pickup at Council Offic		
Provide details ie. Addre		
		\rightarrow
Privacy Statement		10 1
Gundagai Regional Council's policies a may impact upon consideration of the	provided by you on this Form are managed in accordance with the <i>Privacy and Personal Information Protection Act 1998</i> a and procedures as outlined in Councils <i>Privacy Management Plan</i> . Should you choose not to provide this information (who ematter by Council. The information will ultimately be stored in Council's records system. I hereby acknowledge that the necked by myself and represents the property on which I wish Cootamundra-Gundagai Regional Council to	lly or in part) this the above
Applicant signature	Print Name	
Date	Phone Number	

OFFICE USE ONLY

Amount Paid: \$ Date: Assessmen

Receipt No. Cashier: Doc ID no.

Cert Ref.



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Please process payment	for to the below credit card.
CREDIT CARD PAYMENT	DETAILS
Cardholder Name:	
Card Type:	☐ Visa ☐ MasterCard
Card Number:	////
Expiry Date:	/
CCV Number:	
(Payment cannot be pro supplied)	cessed without a CCV number and your request will be returned if not
Amount: \$	
Applicant Signature:	
Contact Name:	
Contact Number:	
Date:	

Privacy Statement

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