



Subdivision Certificate Application Form

Environmental Planning and Assessment Act 1979 - Section 109C(1)(d)

Office Use Only Registration No: _____ Associated DA No: _____
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APPLICANT/S DETAILS Name/s: _____ Phone: _____ Mob _____ Fax _____ Email _____ Address _____ Postcode _____
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SUBJECT LAND DETAILS Lot No _____ Section _____ DP _____ House No _____ Street _____ Locality _____

DEVELOPMENT DETAILS Subdivision Type: <input type="checkbox"/> Strata Title <input type="checkbox"/> Torrens Title Was Development Consent required for the proposed subdivision? <input type="checkbox"/> No- Exempt <input type="checkbox"/> Yes IF YES, Development Application Number _____ Approval Date _____ Development approved (No. of lots) _____

INFORMATION TO BE SUBMITTED WITH THIS APPLICATION (if applicable) <input type="checkbox"/> Minimum of 3 x A3 (maximum size) Original Plans <input type="checkbox"/> Documentation of condition <input type="checkbox"/> compliance 3 x copies of 88B instrument if applicable
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OWNERS SIGNATURE/S (If different to the applicant) All owners of the land being developed must sign the application if the above is applicable. Name _____ Signature _____ Date ____/____/____ Name _____ Signature _____ Date ____/____/____

APPLICANTS SIGNATURE I declare that to the best of my knowledge all particulars supplied by me are correct and completed. I understand that inaccurate or false statements may cause my application to be delayed or rescinded: Signature/s _____ Date ____/____/____
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OFFICE USE ONLY Application Fee \$ _____ Date ____/____/____ Receipt _____ Fees – See Council’s website for relevant fees and charges.
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Please process payment for _____ to the below credit card.

I am aware that a 0.75% credit card surcharge will be added to the total amount.

CREDIT CARD PAYMENT DETAILS

Cardholder Name: _____

Card Type: Visa
 MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date: _____ / _____

CCV Number: _____

(Payment cannot be processed without a CCV number and your request will be returned if not supplied)

Amount: \$ _____

Applicant Signature: _____

Contact Name: _____

Contact Number: _____

Date: _____

Privacy Statement

The information and personal details provided by you on this Form are managed in accordance with the *Privacy and Personal Information Protection Act 1998* and Cootamundra-Gundagai Regional Council's policies and procedures as outlined in Council's *Privacy Management Plan*. Should you choose not to provide this information (wholly or in part) this may impact upon consideration of the matter by Council. The information will ultimately be stored in Council's records system.