



APPLICATION TO INSTALL A DOMESTIC OIL OR SOLID FUEL HEATING APPLIANCE

Section 68, Local Government Act 1993

[Office Use Only]

App No: _____

Date Received: _____

Applicant Details (person or company having the benefit of the consent)	
Applicant Name	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms Other:
	Name (or company)
Applicant Address	Postal Address
Contact details	Ph/Mobile:
	E-Mail
Applicants declaration	I apply for approval under Section 68 of the Local Government Act 1993 to undertake the works described in this application. I declare that all the information given is true and correct. I also understand that if the application is incomplete or does not comply with the legislative requirements it may be refused.
	Signature Date: / /

Site details		
Lot:	Section	DP/SP
Street Address		
Town/Locality		

Owners Consent	
Owners Name	
Owners Address	
Contact details	Ph: _____ E-Mail _____
Owners Signature (All owners must sign)	As owner of the land to which this application relates I/We consent to this application and also give consent for; <ul style="list-style-type: none"> authorised Council Officers to enter the land to carry out inspections, Copies to be made of all documents for statutory assessment or administrative purposes.
Name	Signature: _____ Date: / /
Name	Signature: _____ Date: / /
Name	Signature: _____ Date: / /
<i>If signing on behalf as the owner's legal representative, you must state the nature of your legal authority and attach documentary evidence e.g power of attorney, executor, trustee, Company Director / Secretary (under common seal)</i>	

Installation Details	
Type of System to be installed (Manufacturer & Model)	

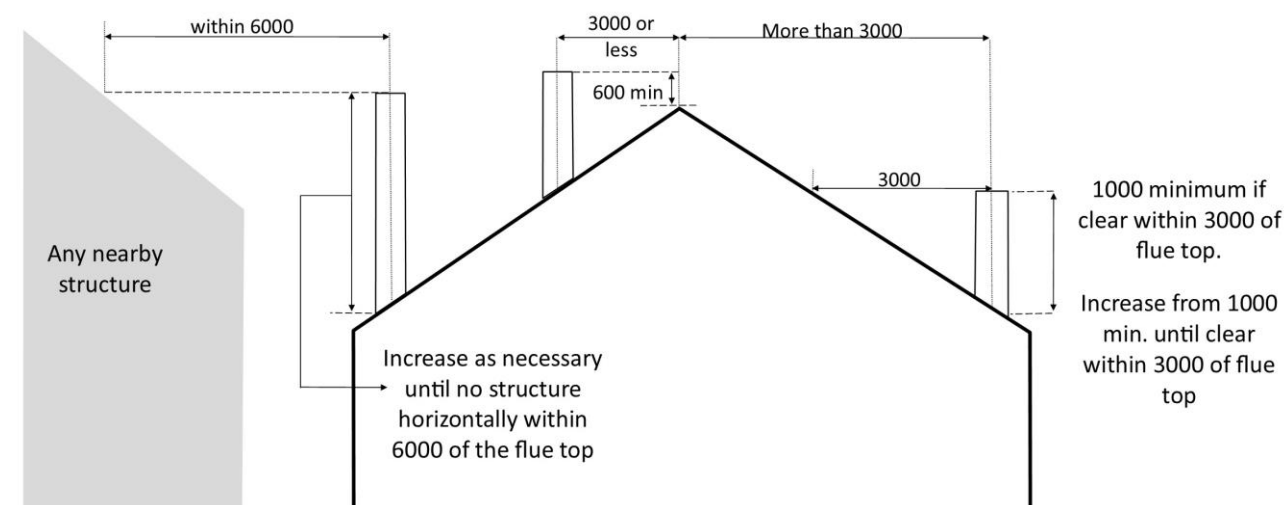
Privacy Statement

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.

Installers Details	
Name	
Address	
Contact details	Ph: _____ E-Mail _____
Licence No	

Wood heater Pre-installation Checklist		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the heater comply with the emission controls of AS4013.2014?
<input type="checkbox"/>	<input type="checkbox"/>	Will the proposed heater will meet the requirements of AS/NZS 2918.2018 and the Building Code of Australia?
<input type="checkbox"/>	<input type="checkbox"/>	Will the flue height be at least 4.6m above the top of the appliance floor protector?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed flue top above any adjoining structure within a 6m horizontal radius?
<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed chimney / flue to be fitted with a concentric shroud, venturi cowl or parallel rain excluder that will allow the smoke to travel upwards?
<input type="checkbox"/>	<input type="checkbox"/>	To minimise emitted smoke on your neighbours is the outlet / top of the chimney / flue at least 1 m higher than any point (ie roofline) of any other building within a 15 metre radius of the chimney / flue?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any significant trees or other environmental or structural factors in the immediate vicinity that may cause a smoke down draught?

Required attachments	
<input type="checkbox"/>	Copy of the specifications of the Heater (indicating compliance with AS 4013.2014) and specifications of the flue kit
<input type="checkbox"/>	Provide details from the installer that the proposed heater will meet the requirements of AS/NZS 2918.2018 and the Building Code of Australia
<input type="checkbox"/>	Provide a floor plan clearly demonstrating the location of the proposed heater and required clearances
<input type="checkbox"/>	Provide elevations clearly demonstrating the location of the proposed flue in relation to the roof line of the dwelling and the closest neighbouring dwelling/building, including distances to any structures within 15m of the Flue outlet



Minimum height on flue system exit (All dimensions in millimetres)

Lodge your Application

Via Mail:
PO BOX 420, Cootamundra NSW 2590

In person:
Cootamundra Office
81 Wallendoon St
Cootamundra NSW 2590

Gundagai Office:
255 Sheridan Street
Gundagai NSW 2722