

Council Office: 115 Dubbo Street, Warren Office Hours: Monday to Friday 8:30am to

Telephone: (02) 6847 6600

Fax: (02) 6847 6633

E-mail: council@warren.nsw.gov.au Website: www.warren.nsw.gov.au

ABN: 87 198 932 652

Application for Activity Approval

Address: (Street Address) (Town) (State) (Post Companies of the land of th	Fee Paid Date Paid Receipt No. Officer	ce ose Only
1. Applicant's Details Applicant Name(s): (Full Name of Applicant) (Street Address) (Town) (State) (Post of Telephone: (Daytime Number) (Mobile Number) I am/We are (please tick appropriate box); the owner of the land on which activity is proposed Note: If you have ticked the box above you need only complete sections 3 and a person who has the consent of the owner of the land 2. Owner's Details Owners Name(s): (Full Name of Owner) (Full name of Address: (Street Address) (Full name of Address) (Signature of Owner) 3. Land Details Address of Land: (Street Address) (Street Address) (Street Address) (Signature of Owner)	Receipt No.	\$
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4. Approval Details		
• •	lumber)	
Please tick appropriate approvals being requested:		
where him a make a manual code of our		
Carry out water supply work		
Draw water from a Council water supply or a standpipe or selling		
Install, alter, disconnect or remove a meter connected to a servi		
Carry out sewerage work		
Carry out stormwater drainage work		
Connecting a private drain or sewer with a public drain or sewer or with a drain or sewer which connects with such public drain or	e pipe	Council
NOTE: It is important when lodging this application that detailed plans and re of the proposed works be submitted to Council so that approvals can be issu	e pipe under the control of a (

Applicant's Signature: Date: Date: