

Application for pre-purchase inspection on-site sewage management System

Environmental Health & Compliance 116 Adelaide Street, (PO Box 42) Raymond Terrace 2324 DX 21406 | ABN 16 744 377 876

Made under \$75-113, Local Government Act 1993

OFFICE USE ONLY

Nil GST - 0294.742.933:

ADDRESS OF PROPERTY SUBJECT OF APPLICATION

Lot No:	House No:	
Street:	Town:	
Applicant		
Name:		
Business Name:		
Phone:	Fax:	
Address:		
	Suburb:	
Preferred return mailing method:		
(Hardcopy will be posted)		
Payment		
-	urrent fees & charges available on Port	Stephens Council's website
Method of payment:		
Cheque Money order	Credit card (1% processing fee will be cl	harged)
Phone applicant for payment of	fee with credit card	
Authorisation		
Authorisation must be completed prior	r to receipt by Council.	
Owner/Vendor's Name:		
Owner/Vendor's Address:		
Owner/Vendor's Postal Address (If diff	erent from above):	
	State:	Postcode:
	ort Stephens Council officers to enter the su wastewater management system requeste	
Signed:	Dated:	
Print Name:		

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