

PO Box 77, Corowa NSW 2646

**(**02) 6033 8999

@ council@federationcouncil.nsw.gov.au

## **APPLICATION FOR SUBDIVISION CERTIFICATE**

**Environmental Planning and Assessment Act 1979** 

| APPLICANT DETAILS   |              |                   |         |
|---|--------------|-------------------|---------|
| Name  |              |                   |         |
| Company   |              |                   |         |
| Postal Address  |              |                   |         |
|   |              |                   | _       |
| Phone numbers   |              |                   |         |
| Email   |              |                   |         |
| Reference (if applicable)   |              |                   |         |
| Applicants Signature  |              |                   |         |
| Date  |              |                   |         |
| SUBDIVISION DESCRIPTION   | N            |                   |         |
| Residential   | 7 Commercial | ☐ Industrial      | ☐ Rural |
| Description of approved   |              |                   |         |
| Subdivision including   |              |                   |         |
| number of lots  |              |                   |         |
| Development Consent No Date of Issue  |              |                   |         |
| Construction Certificate No.  |              | Date of Issue     |         |
| OWNER DETAILS   |              |                   |         |
| Name  |              |                   |         |
| Postal Address  |              |                   |         |
|   |              |                   |         |
| Phone Numbers   |              | Email             |         |
| PROPERTY DETAILS  |              |                   |         |
| Unit/Street Number  |              |                   |         |
| Street Name   |              |                   |         |
| Town/District   |              |                   |         |
| Lot Number  |              |                   |         |
| DP/SP Number  |              |                   |         |
|   |              |                   |         |
| ATTACHED INFORMATION Please indicate the material you have attached   |              |                   |         |
| Five (5) copies of the original plan of subdivision prepared by a Registered Surveyor   |              |                   |         |
| Evidence that the applicant has complied with all conditions of consent required before a   |              |                   |         |
| Subdivision Certificate can be issued   |              |                   |         |
| ☐ A certificate of compliance from the relevant supply authorities  |              |                   |         |
| ☐ Evidence that subdivision works have been completed   |              |                   |         |
| OR Agreement reached with the relevant consent authority regarding payment of the cost of work or as to the                                   |              |                   |         |
| time for carrying out the work; <b>OR</b>   |              |                   |         |
| Security given to the consent authority with respect to the completion of the work  |              |                   |         |
| It is extremely important that all of the relevant sections of this application form are completed. This will enable Council to determine the |              |                   |         |
| application promptly. If the information is not provided, your application may not be accepted.   |              |                   |         |
| CONSENT OF ALL OWNERS   |              |                   |         |
| DECLARATION I/WE being the owner(s) of the property described in  |              |                   |         |
| :his application, consent to the lodgement of this application under  |              |                   |         |
| :he Environmental Planning &Assessment Regulation 2000  |              |                   |         |
| Office Use Only   |              |                   |         |
| Application Number  |              | Date received     |         |
| Total Fees  |              | Receipt Number    |         |
| Received by   |              | Assessing Officer |         |