

**Applicant Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Acting for:  Purchaser  Proprietor  Vendor

**Certificates Required:**

<input type="checkbox"/> Section 10.7 (2) Certificate	\$62	<input type="checkbox"/> 735(A) Inspection Required	\$120
<input type="checkbox"/> Section 10.7 (2 & 5) Certificate	\$156	<input type="checkbox"/> S608 Certificate	\$80
<input type="checkbox"/> Section 10.7 (2 & 5) Building Entitlement	\$156	<input type="checkbox"/> Certificate of Rates (S603)	\$100
<input type="checkbox"/> Drainage Plan (Internal)	\$52.20	<input type="checkbox"/> Water Meter Read	\$110
<input type="checkbox"/> Sewer Plan (External)	\$95.45	<input type="checkbox"/> Urgency Fee (within 24 hours)	\$128
<input type="checkbox"/> 735(A) Outstanding Notices	\$80	<input type="checkbox"/> Informal request to view file	\$75

**Property Location Details:**

Parish: \_\_\_\_\_ County: \_\_\_\_\_ Town/Village: \_\_\_\_\_

House Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Nature of Property: \_\_\_\_\_

**Legal Description:**

Lot Number: \_\_\_\_\_ Deposited Plan (DP) Number: \_\_\_\_\_

Portion: \_\_\_\_\_ Section: \_\_\_\_\_ Folio/Volume: \_\_\_\_\_

Council Assessment Number: \_\_\_\_\_

**Registered Proprietor's/Vendor's/Purchaser's Details:**

Proprietor's Full Name: \_\_\_\_\_ Occupant's Name: \_\_\_\_\_

Proprietor's Full Address: \_\_\_\_\_

Vendor's Full Name: \_\_\_\_\_

Vendor's Full Address: \_\_\_\_\_

Purchasers' Full Name: \_\_\_\_\_

Purchaser's Full Address: \_\_\_\_\_

Purpose of Inquiry: \_\_\_\_\_

*Please print, sign and return to Coonamble Shire Council*

Signature of Applicant: \_\_\_\_\_ Date: / /

**Office Use Only** Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Asst #: \_\_\_\_\_