

Purpose of this Form

To apply for a permit to destroy native vegetation, excavate or place fill in a watercourse, lake or spring.

PART A Applicant Details

Name *Specify the full name of all persons applying for this licence*

If the applicant is a corporation please supply the ACN

Attention (Optional) *(eg, Principal, Secretary, Managing Director, etc)*

Street Address

State

Postcode

Mailing Address

All correspondence will be delivered to this address (if same as street address please write 'as above')

State

Postcode

Country

if not Australia

Contact Person's Details

(If different from above)

Title

 Mr

 Mrs

 Ms

 Miss

 Other

please specify

Given Name

Last Name

Preferred Phone

Alternate Phone

Facsimile

Email Address

PART B Details of Activity

Name of Watercourse, Lake or Spring

Duration of Activity

Activity to commence no earlier than

 / /

Activity to cease no later than

 / /

Location of Activity

Enter the parcel description of the land on or adjacent to which the activity is to take place, and indicate using (✓) whether or not the activity will take place on or adjacent to the parcel described.

| Lot | Plan | On (✓) | Adjacent to (✓) |
|----------------------|----------------------|--------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | or <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | or <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | or <input type="checkbox"/> |

OFFICE USE ONLY

| | |
|--------------------------------|---------------|
| Fee Received \$ | Application |
| Receipt No. | Client |
| Registration Date / / Initials | Authorisation |

OFFICE STAMP ONLY

PART C Proposed Activity*Specify the extent and nature of the proposed activity*

Tick where applicable and complete details

 To destroy native vegetation in the watercourse, lake or springLength metres Width metres Total Area Affected hectares

Type of vegetation to be destroyed

 To excavate in the watercourse, lake or spring *Enter surface dimensions of excavation*Length metres Width metres Depth metres Total Volume cubic metres

Type of material to be removed

 To place fill in the watercourse, lake or spring *Enter dimensions of volume to be filled*Length metres Width metres Depth metres Total Volume cubic metres

Type of fill to be used

PART D Purpose or Reason for Activity*Describe in general terms the reason the proposed activity is to be undertaken***PART E Method of Operation** Machinery Chemical Other (please specify)**PART F Location of Activity**

Sketch a plan showing the location of the activity. Include property boundaries, Lot on Plan descriptions and, the position of the watercourse, lake or spring.



PART G Adjacent Owner Approval

If the applicant is not the registered owner of the land adjacent to the watercourse, lake or spring where the activity is proposed, then the written consent of all the relevant adjacent landowners is required.

This section may be used as a means of providing the necessary written consent. Alternatively, a letter/s providing the necessary consent and all the details listed in this section can be attached to the application.

Attach separate sheet (or photocopy) if insufficient space for signatures.

| | | | | | | | | | |
|-------------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Full Name of all Owners | <input type="text"/> | | Full Name of all Owners | <input type="text"/> | | | | | |
| | <input type="text"/> | | | <input type="text"/> | | | | | |
| | <input type="text"/> | | | <input type="text"/> | | | | | |
| | <input type="text"/> | | | <input type="text"/> | | | | | |
| Property Description | Lot | <input type="text"/> | Plan | <input type="text"/> | Property Description | Lot | <input type="text"/> | Plan | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Property Description | <input type="text"/> | <input type="text"/> | Property Description | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Property Description | <input type="text"/> | <input type="text"/> | Property Description | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Signature | <input type="text"/> | | Signature | <input type="text"/> | | | | | |
| Date | <input type="text"/> | | Date | <input type="text"/> | | | | | |
| Signature | <input type="text"/> | | Signature | <input type="text"/> | | | | | |
| Date | <input type="text"/> | | Date | <input type="text"/> | | | | | |

PART H Declaration

All parties to complete and sign the declaration below

I/We declare that the information contained in this application is true and correct.

INDIVIDUAL

| | | | |
|--|----------------------|--|----------------------|
| Name | <input type="text"/> | Name | <input type="text"/> |
| Signature | <input type="text"/> | Signature | <input type="text"/> |
| Position/Title <i>(if applicable)</i> | <input type="text"/> | Position/Title <i>(if applicable)</i> | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

Attach separate sheet (or photocopy) if more than 2 signatures required

CORPORATION *Executed for and on behalf of (Corporation)*

| | | | |
|----------------------|----------------------|-------------------|----------------------|
| <input type="text"/> | | ACN | <input type="text"/> |
| By (Name) | <input type="text"/> | By (Name) | <input type="text"/> |
| Position | <input type="text"/> | Position | <input type="text"/> |
| Signature | <input type="text"/> | Signature | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |
| Witnessed By | <input type="text"/> | Witnessed By | <input type="text"/> |
| Witness Signature | <input type="text"/> | Witness Signature | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |