

APPLICATION FOR PRE-LODGEEMENT MEETING

Office Use Only:	Date received:
------------------	----------------

APPLICANT DETAILS		
Title	Given Name(s)	Surname / Last Name
Mr / Mrs/ Dr/ Other: _____	_____	_____
Company Name: _____		
Contact Address: Unit: ___ House Number: _____ Street or PO Box: _____		
Suburb: _____	State: _____	Postcode: _____
*Daytime Phone: _____	*Fax: _____	*Mob: _____
*Email: _____		
* Voluntary information only (Assists with timely processing of your application). See Privacy and Personal Information Act statement		

PAYMENT DETAILS	
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Complete section below if credit cardholder is not the applicant. The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.	
_____	_____
Cardholder's Printed Name	Date

Cardholder's Signature	

SITE / DEVELOPMENT DETAILS
Address of Proposal: _____
Description of Proposal: _____

Estimated Value of Proposal: _____

ATTENDEES
Names of persons who will be attending the meeting: _____

Please include one copy and a CD or USB of any plans or supporting information.

OWNER'S CONSENT

As owner/s of the land to which this application relates, I/we consent to the lodgement of this application. I/we consent to relevant Council officers and any consultants engaged by Council to enter the premises to carry out inspections in relation to the application. Refer to Lodgement Information for detail of what form of owner's consent is required.

Full name or company name: _____

Position of signatory if a company name: _____ ACN No. _____

Postal address: _____

Postcode: _____ Signature(s) _____

PRIVACY AND PERSONAL INFORMATION ACT

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

Applicant's Signature

Date

OFFICE USE ONLY

CST AUTHORITY **Initials:** _____
Date: _____

Receipt Code: 46
 Ledger No: 1040202.1133.025 (GST inclusive)

	Amount	Receipt No.	Date
Pre-lodgement fee	\$ _____	_____	_____
Other	\$ _____	_____	_____
Total	\$ _____	_____	_____