

PO Box 57, Campbelltown NSW 2560 Phone (02) 4645 4000 Facsimile (02) 4645 4111 Email <u>council@campbelltown.nsw.gov.au</u> Web <u>www.campbelltown.nsw.gov.au</u>

STORMWATER ADVICE REQUEST FORM

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Privacy Statement The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.										
Request type If you have a recent Section 10.7 Certificate for the property, refer to Section 7A of the certificate first. <i>Please select one of the service options</i> *										
	1% Annual Exceedance Probability (old 100-year ARI) flood advice – Land zoned R2, R3, R4, R5, E4, RU5 and RU6						ç	\$114.00		
	1% Annual Exceedance Probability (old 100-year ARI) flood advice - All other zones Minimum charge up to 2 hours assessment. If time to prepare advice is to exceed 2 hours, contact will be made before th commencement of works							before the	\$840.00	
	Contour plan on aerial photo base – Single lot (define extent of area below) ¹							5	\$114.00	
	Council's stormwater network details – Single lot (define extent of area below) ¹							ç	\$114.00	
	Contour plan on cadastral base – Single lot (define extent of area below) ¹							Ş	\$114.00	
The fees indicated above are from Council's current Schedule of Fees and Charges available on Council's website Total ¹ Fees for larger areas will be based on time taken to prepare. Contact Council for a quote prior to submitting this form Total										\$
Applicant details Required fields are denoted by *										
Full Na	ne*									
Postal Address*		Suburb & State* Postcoc					Postcode*			
Phone*					Email		_			
Information to be*			Collected		Emailed	Mailed	Your Referen	се		
Property address for which information is required										
Lot No					DP/SP No.	lo. Section				
Street No.*		Street Name*								
Suburb*						·			Postcode*	
Additional details/ext		ents								
Signature*		Date*								
Lodgement requirements										
Please send the completed form via email to <u>council@campbelltown.nsw.gov.au</u> or post to PO Box 57, CAMPBELLTOWN NSW 2560 The Application Fee can be paid by any of the following methods:										
In Person Civic Centre Corner Queen and Broughton Street CAMPBELLTOWN NSW 2560			Streets,		P0 Box 57	sh) wn City Council TOWN NSW 2560	Credit Card Download the Credit Card Author from Councils website: www.campbelltown.nsw.gov.au		site:	tion Form
OFFICE USE ONLY										
Fees										
Date										
Receipt N	0									

Account No TS 001