



Subdivision Certificate Application

CAB-006

Your reference no.: _____

Our reference no.: _____

Advice to Applicant

- This application is made under Cabonne Local Environmental Plan 2012, Section 6.4 & 6.15 of the *Environmental Planning and Assessment Act 1979*
- Please complete this form in ink using BLOCK LETTERS
- Application fee must accompany application – refer to Schedule of Fees and Charges for details
- An incomplete application may result in deferral of your application
- For application or lodgement advice please contact Council's Environmental Services Department on 02 63923247 (9:00am – 11:00am Monday to Friday)

APPLICANT DETAILS		If the applicant is a company, the ABN number and company seal must be provided.	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
Name		ABN No.	
Postal Address			
Suburb		Post Code	
Phone	Fax	Mobile	
Email Address			
Applicant's Signature		Date	

PROPERTY DETAILS		You must complete all details in this section.	
Street Address			
Suburb	Nearest Cross Street		
Lot No.	Section	DP	
DA/ CDC No.		Date of Determination	

OWNER DETAILS		If the owner is a company, the ABN number and company seal must be provided. All owners must give consent. If insufficient space please provide separate sheet.	
Name		ABN No.	
Postal Address			
Suburb		Post Code	
Phone	Fax	Mobile	
Email	Owners Signature		

Privacy Information: The details provided in this form may contain information that is personal information, which identifies you etc., for the purposes of the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable the Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be utilised by Council officers in assessing the proposal and other associated activities. The information may also be made available to other persons where such access is in accordance with the relevant regulations and requirements in this regard. The submission of personal information in this case is required by law and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. The information will ultimately be stored in Council's records system.

HOW TO LODGE THIS APPLICATION

Courier or in person: Cabonne Council
(opening hours: 900am – 500pm Monday to Friday)
99-101 Bank Street, Molong
Mail: PO Box 17, MOLONG, NSW, 2866
ABN: 41992 919 200
How to contact us: Phone: (02) 6392 3200
Fax : (02) 6392 3260
Council@cabonne.nsw.gov.au
www.cabonne.nsw.gov.au

BANK ACCOUNT DETAILS:

COMMONWEALTH BANK
BSB: 062-573
ACCOUNT NO: 00000242

Fees and Charges	Required	Cost (\$)
Subdivision Certificate	YES	\$130.00
	TOTAL	\$130.00
RECEIPT NUMBER:		