

Application for Dual Water Supply Certificate of Compliance

Lodge Applications at Ballina Shire Council • 40 Cherry Street • Ballina (Mon-Fri 8.15am to 4.30pm)

mail PO Box 450 Ballina 2478 • **f** 02 6681 1375 • **e** council@ballina.nsw.gov.au

t 1300 864 444 • **w** ballina.nsw.gov.au • **abn** 53 929 887 369

Payment is required upon lodgement of the application for processing.

For further information refer to Ballina Shire Council's [Dual Water Supply Plumbing Policy](#) (the Guidelines) available on Council's website.

Applicant Details (all correspondence will be forwarded to this name and address)

Applicant's Name	<input type="text"/>				
Postal Address	<input type="text"/>				
Suburb/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone (daytime)	<input type="text"/>	Mobile	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>				
Applicant Signature	<input type="text"/>			Date	<input type="text"/>

Application is hereby made for a Certificate of Compliance under Council's [Dual Water Supply Plumbing Policy](#) (the Guidelines) in relation to the building(s) located on the property described below.

- The applicant is:
- The owner of the property
 - A person with the written consent of the property owner

Consent of Owner or Owner's Agent

The written consent of the owner of the property or the owner's solicitor or agent is necessary unless the applicant is the person referred to above.

Name of Owner	<input type="text"/>
Owner's Address	<input type="text"/>

being the owner/owner's solicitor/agent, consent to the making of this application.

Owner / Owner's Agent Signature	<input type="text"/>	Date	<input type="text"/>
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Description of Property (details can be located on your rates notice)

Street Address	<input type="text"/>		
Lot Number	<input type="text"/>	DP Number	<input type="text"/>

Contact Details to Access the Property for Inspection

Resident's Name	<input type="text"/>				
Phone (home)	<input type="text"/>	(work)	<input type="text"/>	Mobile	<input type="text"/>

Office Use Only

Date:	Fee: \$	Receipt No:
Audit Certificate 2018/19 Fee: \$225	no gst # 6	Job # 21020.1453.062