



**CAIRNS REGIONAL COUNCIL
WATER & WASTE**

PO Box 359 CAIRNS QLD 4870
Phone: 1300 692 247

2019/2020

Application for Permission to carry out Alterations to Sewer / Water Mains

I / We hereby apply for permission to carry out the following work at the property detailed as below:

<p>1. Description of Property</p> <p>The lot & plan details (eg. SP/RP) are shown on title documents or a rates notice.</p>	<p>Street address (include no., street, suburb / locality & postcode)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; margin-right: 50px;">Postcode</p>												
<p>2. Description of Work</p> <p>Relevant Plans & Documents must accompany this application.</p>	<p>Please Tick Appropriate Box</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;"><input type="checkbox"/></td><td>Sewer Main Alteration</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Sewer Main Realignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Sewer Main New</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Water Main Alteration</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Water Main Realignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Water Main New</td></tr> </table> <p>Please give details of work</p> <hr/> <hr/>	<input type="checkbox"/>	Sewer Main Alteration	<input type="checkbox"/>	Sewer Main Realignment	<input type="checkbox"/>	Sewer Main New	<input type="checkbox"/>	Water Main Alteration	<input type="checkbox"/>	Water Main Realignment	<input type="checkbox"/>	Water Main New
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<p>3. Applicant's Details</p> <p><i>Cairns Regional Council – Information Privacy Statement</i></p> <p>Your personal information has been collected for the purpose of processing your application to Carry out Alterations to Sewer/Mains. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the <i>Information Privacy Act 2009</i> and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.</p>	<p>Name (In Full)</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Postal Address and Email Address</p> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p style="text-align: right; margin-right: 50px;">Postcode</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Signature/s</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Phone No.</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home / Work</td> <td style="border-bottom: 1px solid black;">Mobile</td> </tr> </table>	Signature/s	Date	Phone No.		Home / Work	Mobile						
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Phone No.													
Home / Work	Mobile												

Office Use Only

Fee 2019 / 2020:	\$645.60	Date Paid:		Receipt No:	
Receipt Code:	144	CSO Signature		Parcel #	

Approved By:		Date Approved:	
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