



Introduction

This form is required for informal access information available under the *Government Information (Public Access) Act 2009*.

Applicant details

Surname:

Title: Mr / Mrs / Miss / Ms (Please circle) First Name:

Postal Address:

.....
.....

Suburb: Post Code:

Telephone (daytime) Mobile:

Email: Fax:

Form of Access

Do you wish to inspect the documents? YES NO

Do you require a copy of the documents? YES NO

Other (please specify)

Council Information

Detailed description of information required:

.....
.....
.....
.....
.....
.....

Fees

Photocopying charges are per Ashfield Council Fees & Charges Schedule

Council Office Use - Appointment Details

INTERNAL REFERENCE NUMBER:

Date: (DD/MM/YYYY) Time:

Name of Council Officer present:

Cashier Name/Initial: Receipt No:

OFFICE USE – CASHIER CODE 473	A4 pages	A3 pages	A0 pages	TOTAL NUMBER OF PAGES
	\$ A4	\$ A3	\$ A0	TOTAL AMOUNT PAID

For information about property and development please fill in the section below

Street Address

.....

Lot/DP/SP

DA/BA/TP Number (if known)

Building name (if known)

Development Documents Required (please tick)

- | | |
|--|--|
| <input type="checkbox"/> Development Application (DA) | <input type="checkbox"/> Land Contamination Consultant Reports |
| <input type="checkbox"/> Building Application (BA) | <input type="checkbox"/> Development Determination/Consent |
| <input type="checkbox"/> Town Planning (TP) File | <input type="checkbox"/> Building Application Consent |
| <input type="checkbox"/> Statement of Environmental Effects | <input type="checkbox"/> Construction Certificate |
| <input type="checkbox"/> Notification Plan | <input type="checkbox"/> Occupation Certificate |
| <input type="checkbox"/> Development Application/Building Application/Construction Certificate Plans | <input type="checkbox"/> Building Certificate (owner's consent required) |
| <input type="checkbox"/> Council/ Town Planners Report | <input type="checkbox"/> Approval and orders documents |
| <input type="checkbox"/> Home Warranty Insurance Documents | <input type="checkbox"/> Other (please specify |
| <input type="checkbox"/> Heritage Consultant Report | |
| <input type="checkbox"/> Tree Inspection Consultant Report | |
| <input type="checkbox"/> Acoustics Consultant Report | |

Time Period

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Pre 1996 | <input type="checkbox"/> 2006-2010 |
| <input type="checkbox"/> 1996-2000 | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> 2001-2006 | |

Identification

- I am the owner I am not the owner

Proof of identity or proof of ownership will be required

- I am the owner and can provide consent from the strata (please see below) I am not the owner but can provide consent from the owner/strata (please see below)

Owner's Consent

Signature:

Print Name

Signature

Print Name

Signature

Print Name



Company/Strata Seal

For all applicants:

Privacy Notification The personal information you have supplied on this form assists Council Officers in determining your application. The supply of information is voluntary. If you do not provide all details requested, Council may be unable to process your application. The details you provide are stored at Council Offices and are not made publicly available. For more information about your privacy please contact Ashfield Council on 9716 1800.

Applicant's Declaration

1. I agree to pay all required fees in accordance with Council's adopted fees and charges
2. I declare that all the information given on this application form is true and correct.
3. I understand that I must seek the copyright owner's consent in order to use any part of a copyright document for any other purpose.

Signature **Date**

Lodgement Details

By Post PO Box 1145
(please **do not** Ashfield NSW 1800
send cash by
post)

In Person 260 Liverpool Road
Ashfield NSW 2131

For further information or inquiries please contact Council Customer Service on (02) 9716 1800 or visit Council's website: www.ashfield.nsw.gov.au