

**The Council of the City of Lithgow
180 Mort Street Lithgow NSW 2790
Telephone (02) 63549927 Fax: (02) 63512927
Postal Address: PO Box 19 Lithgow NSW 2790**

PLEASE NOTE: OWNER'S CONSENT REQUIRED!!

OWNER'S CONSENT:

I/WE,

.....

OF,

.....

DA/CC NO.

PROPERTY DESCRIPTION,

.....

Signature/s (required if the applicant is not the owner of the land)

As the owner/s of the subject property, **I/we** consent to this application
I/we hereby authorise Council the Power of Entry to carry out inspections in relation
to this application.

Owner/s Signature

.....

.....

Date/...../.....

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.

ALL OWNERS MUST SIGN