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ABN: 59 986 092 492



## APPLICATION FOR DRAINAGE DIAGRAM

NAME OF APPLICANT: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

APPLICANT/S REFERENCE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

### **PROPERTY DESCRIPTION**

DISTRICT, TOWN OR VILLAGE: \_\_\_\_\_

STREET: \_\_\_\_\_ HOUSE NO: \_\_\_\_\_

LOT: \_\_\_\_\_ PORTION: \_\_\_\_\_ SECTION: \_\_\_\_\_

DP: \_\_\_\_\_ PARISH: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

OWNER/S FULL NAME: \_\_\_\_\_

***AN APPLICATION FEE IS ENCLOSED HEREWITH.***

SIGNATURE OF APPLICANT: \_\_\_\_\_ 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. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

#### **OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIPT NO: \_\_\_\_\_

CREATED BY: \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_

RECEIPTED BY: \_\_\_\_\_

DATE PAID: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRODUCED BY: \_\_\_\_\_

CERTIFICATE NO: DD\_- \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

PROPERTY NO: \_\_\_\_\_

NOTES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE POSTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maintained by Dept:	Finance	Effective Date: JUNE 2013	Review Date: JUNE 2014
Version: 3			

T:Forms/Finance/Application For Drainage Diagram/Version3