

**Administration Building:** 180 Mort Street Lithgow  
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ABN: 59 986 092 492



**Approval to Operate Onsite Sewage Management System Application**  
**Section 68, Part C6 Local Government Act 1993**

Please complete all sections and when completed please submit this form to Council.

**NOTE:**

1. Lithgow City Council must be notified within seven (7) days of any change to these particulars.
2. This notice is to be accompanied by the fee determined by Lithgow City Council.

**Applicant Details:**

Name of Applicant: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Applicant Ref. No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Property Details:**

Owner/s Full Name: \_\_\_\_\_  
Street No.: \_\_\_\_\_ Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Lot: \_\_\_\_\_ DP: \_\_\_\_\_ Parcel: \_\_\_\_\_  
Property Number: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

**Owners Consent (ALL PROPERTY OWNERS MUST SIGN):**

*If property is in the name of a company, the position held in that company must be stated along with the company seal (if applicable) stamped here.*

I/We consent to the making of this application and I/We understand that it will be necessary for Council officers to enter and inspect the property, the subject of this application to ensure compliance with the provisions of the *Local Government Act 1993*, as amended in the Regulations thereunder.

Names (please print):

\_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Position: \_\_\_\_\_

**Access for Inspection Agreement:**

Access to this property may be required by Council officers in order to assess this application and determine compliance with the relevant Regulations. By the submission of this application or by authorising its submission by another person, it is understood you are giving approval for Council officers to enter the property. Access may be made in your absence should it be required. No internal access to the premises is required.

Name of Contact Person for Access: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Declaration:**

In submitting this application, I acknowledge that:

- I/We declare that the information provided in this application is true and correct to the best of my knowledge.

Applicant Name: \_\_\_\_\_

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. 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.

<b><u>OFFICE USE ONLY</u></b>	
DATE RECEIVED: ____/____/____	RECEIPT NO.: _____
RECEIVED BY: _____	AMOUNT PAID: _____
RECEIPTED BY: _____	COST ACCOUNT: _____
SIGNATURE: _____	S.68 APP. NO.: _____
NOTES: _____	

Maintained By Dept:	ED&E	Effective Date:	Review Date:
Version:	2	Aug 2021	July 2023