



WORKCOVER NEW SOUTH WALES INSPECTION APPLICATION FORM

Property Key:	Office Use Only
Application No:	
Fire Inspection Application No:	
Date Received:	

050499.2014 (JULY 2016)

LEGAL REQUIREMENTS REGARDING INFORMATION PROVIDED TO COUNCIL

Council is obliged under s.6 of the *Government Information (Public Access) Act 2009* to publish details of all development applications (including names of applicants and owners) and any associated documents on the website, except for floor plans of any residential parts of a building. Please note that the information provided by you on this form will be used by Council or its agents to process this application and it can be made available, as required by law, to other government agencies. Under the *Privacy and Personal Information Protection Act 1998*, some personal information provided on this form, such as phone numbers, will not be published on Council's website. Information regarding access to or publication of information by Council, can be referred to Council's Privacy Contact Officer.

Address details which you require this information

Shop/Unit No:	House No:	Office Use <input type="checkbox"/>
Street:		
Suburb:	Postcode:	
Lot No:	Deposited / Strata Plan No:	

Development Application details

Request for provision of the Development Application Number for the approval of the current use of the above premises.	<input type="checkbox"/>
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Office Use Only:

Fee Type	Application	\$	Receipt No.	Date	<input type="checkbox"/>
LC/FS/WORC					
LC/FS/WORC					
TOTAL					<input type="checkbox"/>

Applicant/s details and declaration

Note: Page 2 is not available for public viewing on Council's website

Family Name(s)/Surname(s) (or company & ACN):	Office Use
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Full Given Names or Company Contact Person:

House/Unit No:	Street:
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Suburb:	Postcode:
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Home Phone:	Business Phone:	Mobile:
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Fax:	Email:
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Applicant(s) Declaration
I/we declare that all required documentation has been provided and is to an acceptable standard and all the information in the application and the checklist submitted are, to the best of my/our knowledge, true and correct.

Yes No

Signature(s):	Date:	<input type="checkbox"/>
Print Name(s)		

Release of requested information

Would you like your information to be: (Please tick relevant box)

Posted Held for collection at Council Fax Email

Signature when collected:	<input type="checkbox"/>
(Only the applicant or person authorised by the applicant can collect the consent - Authorisation may be required)	
Date:	