

# OUTSTANDING ORDERS & NOTICES CERTIFICATE APPLICATION

Under s121ZP of *NSW Environmental Planning & Assessment Act 1979* and s735A of *NSW Local Government Act 1993*



Enquires: 9366 3666 [www.botanybay.nsw.gov.au](http://www.botanybay.nsw.gov.au)

## ABOUT THIS FORM

Use this form for obtaining information about any outstanding health and building notices and any orders that are in force for a parcel of land. Certificates are issued for individual lots rather than street addresses. If a street address relates to more than one lot then a separate application for each lot needs to be submitted to cover the entire property.

Types of orders (and notices about them) include

- orders requiring or prohibiting the doing of things to or on premises
- orders requiring that premises be used or not used in specific ways
- orders requiring the preservation of healthy conditions
- orders requiring the preservation of safe conditions
- orders requiring the protection or repair of public places
- orders requiring compliance with an approval

*The personal details requested on this form are collected and used expressly for processing the application. The supply of this information is voluntary. If you do not provide the requested information Council will not be able to process your application/payment. Access to information that you provide is restricted to authorised officers as per statutory requirements. Council is to be regarded as the agency that holds the information. You may apply for access or amendment to information about you and your dealings with Council.*

## PROPERTY DETAILS

Name of Property Owner

### ADDRESS

Unit/Street No.

Street Name

Suburb/Town

State

Postcode

Property Lot Number

Deposited Plan or Strata Number

How do you want to receive your certificate? (Note that only hard copy certificates are released)

☐ Pick up at Council Customer Service Centre - 141 Coward Street, Mascot (8:30 to 16:30 Monday to Friday)

☐ Australia Post delivery ☐ DX Mail (specify address)

## OFFICE USE ONLY

Date Paid

Amount \$

Receipt #

Certificate #

Assessment #

**APPLICANT DETAILS**

Applicant's Name

POSTAL ADDRESS (If different from above)

Unit/Street No.

Street Name

Suburb/Town

State

Postcode

Daytime Phone

Mobile

Fax

Email

Signature of applicant

Date

**DEBIT/CREDIT CARD PAYMENT AUTHORISATION****TYPE OF CARD** (Please mark a box)☐

American Express

☐

Mastercard

☐

Visa

Card number

Expiry date

CCV

/

Name as appears on Card

Amount \$

Please note that a 0.5% surcharge applies to transactions against credit card accounts.

Cardholder signature

Date

Contact phone

Email