

Request for reissue of an onsite wastewater management system (OWMS) permit including plans

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria 3850

Details

Applicant Name:	<input type="text"/>		
Company:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Are you the property owner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, you must arrange for the owner to sign the following section

Property Owner Declaration (if applicable)

I The property owner give permission for Wellington Shire Council to release information relating to the OWMS permit and plans on the below mentioned property to the applicant of this form.

Signed

date

Property Details (from copy of title or rate notice)

Street No	<input type="text"/>	Street /Road	<input type="text"/>
Town	<input type="text"/>	Lot/s	<input type="text"/>
Registered Owners/s:	<input type="text"/>		

Declaration from

I request the following information relating to OWMS plans from the OWMS/Building Permit file:

Specifically:

I require the plans for the following reason: eg alteration/decommission/other

I declare that all the information provided on this form is true and correct and understand that it is an offence to provide false or misleading information.

I understand that Wellington Shire Council will make every endeavour to locate the files, however, no guarantees can be given and I understand that the fee is non-refundable.

Signed

date

Privacy

Information requested on this form is collected for the purpose of requesting a copy of OWMS plans. Any personal information will be used solely by Council for that primary purpose or directly related purposes. Council may disclose part or all this information as required to do so by law (including third parties and/or other agencies). The applicant understands that the personal information provided is for the purpose of maintaining an OWMS register, and they may apply to Council for access to/or amendment of the information.

Search Fee: note fees are non-refundable

\$72.50 Inc GST

OFFICE USE ONLY

Registration (SCK) 30

Date:

Receipt:

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Credit Card Authorisation

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This form is used to provide a credit card payment to the Wellington Shire Council.

Please ensure that all fields are fully completed with the correct information and that any relevant documentation is attached with this form i.e. planning application, request for a copy of plans form.

We will only use personal information provided by you for the purposes for which it was collected and in order for Council to fulfil its business requirements. A new Credit Card Authorisation Form will need to be completed for each transaction.

Completed forms can be submitted to Council via email to enquiries@wellington.vic.gov.au or via mail to PO Box 506 Sale VIC 3850 or via fax to 03 5142 3501.

Should you have any questions please contact Wellington Shire Council's Customer Service Team on 1300 366 244

Part 1: Applicant Details			
Given Name/s			
Family Name			
Address			
Daytime Phone Number			
Email Address			
Part 2: Payment Details			
Description (application type)			
Amount Authorised	\$		
Address of property relevant to application			
<i>Payment for rates, infringements and animal registration renewals will not be accepted</i>			
Part 3: Credit Card Details			
Name on Credit Card (please print)			
Type of Card (Visa, Mastercard only)			
<i>We do not accept American Express or Diners Club.</i>			
Bank Name (NAB, ANZ, Westpac etc)			
Credit Card Number			
Card Expiry Date			
Card Holders Signature Authorising payment of above amount		Date	

Office Use Only	
Council Officer	
Receipt Number	
Date	