

Carpentaria Shire Council

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Local Government
Act 2009

Permanent Watering System

Application to Install a Permanent Watering System

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Installation of a Permanent Watering System Fee \$ _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN.

Company name ACN / ARBN

Title (eg. Mr, Mrs, Miss etc.)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date

Title (eg. Mr, Mrs, Miss etc.)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

<p>Business name must be registered with Fair Trading.</p> <p>Enter postal address if different from street address.</p> <p>Real property description - refer to Rates Notice.</p>	Business details			
	Business name		BN	
	Street address			
	Locality / Suburb		State	Postcode
	Postal address			
	Locality / Suburb		State	Postcode
	Contact ph.	Mobile		
	Contact fax	Email		
	Lot no.	Reg. plan no.	Parish	

<p>This is the name and address of the owner/s of the premises.</p> <p>If there are additional owners, please attach additional owner information to this form.</p>	Owner/s consent			
	Name			
	Street address			
	Locality / Suburb		State	Postcode
	Contact ph.	Mobile		
	Contact fax	Email		
	I, being the owner of the property described in this application hereby consent to the afore mentioned applicant/s making this application.			
	Signature	Date		

<p>Address of permanent watering system.</p> <p>Real property description - refer to Rates Notice.</p>	Work Details			
	Installation address			
	Locality / Suburb		State	Postcode
	Lot no.	Reg. plan no.	Parish	
	Assessment no.	Property no.		
	Name of irrigation system installer			
	Address of installer			
	Locality / Suburb		State	Postcode
	Contact ph.	Mobile		
	Contact fax	Email		
	Irrigation system type			
	Backflow prevention device			
	Brand	Model no.		
	Location of device		Size	
	Describe sprinkler/s indicating number, type, direction of flow and flow rate through each type.			

Plumber details

If applicable.

Name of plumber		
Postal address		
Locality / Suburb	State	Postcode
Contact ph.	Mobile	
Contact fax	Email	
Licence no.		

Lodgement

Please attach the following:

1. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

Please note: This application and fee MUST be lodged with your Council

Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	