Register No.	
J	



PO Box 2 WALCHA NSW 2354

Ph: 02 6774 2500 Fax: 02 6777 1181

Email: council@walcha.nsw.gov.au Website: www.walcha.nsw.gov.au

ABN 24 780 320 847

BUSHFIRE ATTACK LEVEL CERTIFICATE APPLICATION

Under Clause 3.4 (2) (a), or 3A.37 (2) (b), or 3B.4 (2) (a), or 3C.5 (2) (a), or 5A.29 (2) (b) of State Environmental Planning Policy (Exempt and Complying Development Codes) 2008

SECTION A: SITE DETAILS				
Street Address:		Suburb:		
Lot / Portion / Section / DP:				
Parcel area (if known):				
Land zoning (if known):				
SECTION B: APPLICANT DETAILS				
Full Name:				
Postal Address:				
Daytime Contact Number(s):				
Email:				
Signature:		Date:		
SECTION C: PROPOSED DEVELOPMENT DESCRIPTION				
Detailed description of development:				
SECTION D: REGISTERED OWNERS CO	ONSENT			
As the registered owner(s) of the above property, I / and authorise Council representatives to enter the s copies of all documents for the purpose of determinimay be affected by the proposal.	ite for the p	urpose of a site inspection and to make		
Name:				
Signature:	Date:			
Name:				
Signature:	Date:			
Company Name (if applicable):				

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ABN / ACN (if applicable):	
Authorised Officer Signature:	
Date:	

SECTION E: APPLICANT CHECKLIST				
BAL a	assessment information	Yes	N/A	Office Use
1.	Applicant's signature			
2.	Consent from all owners			
3.	Site plan			
4.	Application form is fully complete			
5.	Payment of fee			

SECTION F: LODGEMENT DETAILS

You can lodge the completed application by

Mail: Walcha Council

PO Box 2

WALCHA NSW 2354

In person: 2W Hamilton Street

WALCHA NSW 2354

Email: council@walcha.nsw.gov.au

For further information regarding your application please contact us:

Telephone: (02) 6774 2500

Email: <u>council@walcha.nsw.gov.au</u>

SECTION G: PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

Purpose of collection: For assessment of an application to determine the BALonr the subject land.

Intended recipients: Council officers and authorised contractors of the Walcha Council

Supply: The information you supply in this application will enable your application to be

assessed by Council. If the information is not provided, your application may

not be accepted.

Access / Correction: Council staff or Government Information (Public Access) Act requests.

Storage: Councils record management systems and Archives.

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SECTION H: FEES (office use only)

Please contact Council for advice of fees payable.

Fee Type	Tick if fee payable	Fee
BAL assessment & certificate (279)	V	\$
	Total fees:	\$
	Date received:	//
	Receipt number:	

SECTION I: ENDORSEMENT OF RECEIPT (Office use only)		
Date Received:	Accepted by:	

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