

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

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1. Applicant

Given Name(s): Surname:

Postal Address:

.....Postcode:

Phone: Mobile

Email:

2. Location of Fence

Address:

.....Postcode:

3. Owner's Declaration

I/We the undersigned are the owner(s) of the property described in this application and consent to its lodgement.

I/We hereby permit any duly authorised officer of the Council of the City of Shoalhaven to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration of the Act(s), regulation or planning instrument.

.....Date:
(Signature of Applicant)

Information to be supplied with application

A plan/diagram showing the location of the proposed dividing fence.

For further information or if you wish to discuss your application, please contact Council's Property Unit on (02) 4429 3582.

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Office Use Only (Property Unit)

Application No		Date Received		Acknowledged By	
Application Type		Contact Officer		Date Acknowledged	

