

BRISBANE CITY COUNCIL ABN 72 002 765 795 Request for Referral Agency Advice for On-Site Wastewater Management

Schedule 9 Planning Regulation 2017

Privacy Statement

The personal information collected on this form will be used by Brisbane City Council for the purposes of fulfilling your request and undertaking associated Council functions and services. Your personal information will not be disclosed to any third party without your consent, unless this is required or permitted by law.

The proposed building work on this premises with an On-site Wastewater Management System involves the addition of one or more bedrooms.

It has been determined that the existing On-site Wastewater Management System will comply with QPW code part F1.

All fields are MANDATORY. Request may be refused if not completed or certified correctly.

1 Applicant details

Postal Address	
	Postcode
Phone number	Mobile number
Contact name (if Company)	
E-mail address	
Location details	
Street address	
Number Street	
Suburb	State Postco
JUDUID	

Real Property Description

If there are more than 2 Lot/Plan details please attach a full list.		
Lot number	Plan Type	Plan number

Property Owner's Name

Existing On-site Wastewater Management System *make, model, capacity*

3 Checklist

The following information is required to accompany this application:

Со	Completed application form and application fee			
Flo	Floor plan			
	e plan - scale of 1:200 showing the lowing (where applicable):			
	 Existing and proposed building extensions / alterations on site 			
	 Site boundaries and easements fully dimensioned 			
	 Other structures on site e.g. pool, outbuildings etc. 			
	 Extent of cut and fill forming the building platform 			
	□ Existing contours of site			
4 Declara	tion			
I declare the information provided to be true and correct.				
Applicant's name (PRINT)				
Applicant	's Signature			
Date				
/	/			

psgcounter@brisbane.qld.gov.au

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