

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Under the Environment Protection Act 1970

The application to extend a permit for a wastewater management system in the City of Wodonga requires the submission to Council of all information outlined in this application form. Failure to include requested information may result in your application being refused or may cause considerable delay.

Property details	Unit number:	Street number:	Street name:			
	Suburb:	State:		Post code		
	Lot number:					
	PS Number:					
	Water supply:					
	<input type="checkbox"/> Mains		<input type="checkbox"/> Tank		<input type="checkbox"/> Bore	
	<input type="checkbox"/> Other (please specify): _____					
	Property use:					
	<input type="checkbox"/> Residential dwelling			<input type="checkbox"/> Commercial/industrial		
	<input type="checkbox"/> Other (please specify): _____					
Total number of bedrooms:						
Intended number of persons using the system:						
Liquid trade waste connected to the system? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Owner details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss					
	Given name/s:					
	Surname:					
	Postal address:					
	Suburb:	State:		Post code		
	Phone (work):			Phone (home):		
	Mobile:			Fax:		
	Email:					
Installation details	Installation to: <input type="checkbox"/> New dwelling/occupancy <input type="checkbox"/> Alteration/upgrade to existing system					
	To be installed by:					
	Company name:					
	License number:					
	Unit number:	Street number:	Street name:			
	Suburb:	State:		Post code		
	Phone (work):			Fax:		
Declaration This form must be signed by the person making the request. Remember it is against the law to provide false or misleading information, which could result in a fine.	I/we, being the owner of the above property, advise that no changes have been made to the previously submitted plan or specifications. I also agree to complete all disposal areas to council's satisfaction and shall arrange for council to inspect the disposal area prior to using the system.					
	Name:					
	Signature:					
	Date: / /					

OFFICE USE ONLY**Version 2: May 2018
Review Date: May 2021**

Receipt number:	Date paid:
Permit number:	Date of permit:
Application number:	EHO:

Personal and or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.