

APPLICATION FORM

Change of street number and/or address



WAVERLEY
COUNCIL

Made under the *Local Government Act 1993 – Section 124, Order No. 8*

Waverley Council Customer Service Centre
55 Spring Street, Bondi Junction (open 8.30am to 5pm, Monday – Friday)

PO Box 9, Bondi Junction NSW 1355

PHONE **9083 8000**

FAX **9387 1820**

WEB **www.waverley.nsw.gov.au**

ABN 12 502 583 608

This form should be used to apply for a change to existing street numbers and addresses and is not to be used for street numbering for a new dwelling or building. Council will only consider changing a street number if there are difficulties associated with its identification (ie, corner property or multiple frontages).

Council cannot allow changes based on unlucky numbers, religious reasons, superstition, feng shui, personal preference, number not good for business, inability to sell property or affecting value of property, etc.

To minimise any delay in a decision about your application, please ensure you complete all five sections of the form and submit with the required application fee.

If you need assistance or for more information please contact Council's **Customer Service Centre** on **9083 8000**.

You will receive a notice of determination once the application has been assessed.

APPLICANT DETAILS

(It is important that we are able to contact you if more information is needed)

Mr Ms Mrs Dr

Family name (or Company)

Given name (or ACN)

Postal address

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..... Postcode

Contact person (if a company)

.....

Phone (daytime)

Mobile

Email

Fax

PROPERTY DESCRIPTION

(This will help us to correctly identify the property)

Unit number *(if applicable)*

Shop or suite number *(if applicable)*

Street number

Street name

Suburb

Lot numbers

Section

DP/SP number

Company title name

NEW OR DESIRED ADDRESS OF PROPERTY

Unit number *(if applicable)*

Shop or suite number *(if applicable)*

Street number

Street name

Suburb

PRIVACY: The information requested in this form is required under the Local Government Act 1993 and will be used in connection with the requirements of the legislation to assess your application. The information will be available to Councillors, Council Officers and members of the public as required by the Act. Please advise Council if the information you have provided either changes or is incorrect or if you require your address to be withheld for personal or family safety.

REASON/S FOR REQUESTING CHANGE OF STREET NUMBER OR ADDRESS

(Please list as much detail as possible to help Council accurately assess the request. Use extra pages if required. Please note comments on front page about what Council cannot consider as reasons for change.)

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OWNERS’ CONSENT

This section must be completed by all property owners. If the owner of the property is a company or it is strata subdivided then the director/s or strata secretary must sign the form and attach the company/strata seal, if required.

- I/we hereby consent to the submission of this application and to a representative of Council entering the site for the purpose of a site inspection if required, and
- for Council to make copies of all documents for the purpose of determining the application or to provide copies to persons who may be affected by the proposal.

Name (or Company name)

Address

Postcode

Phone (daytime)

Email

Fax

Signature/s of all owners

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DECLARATION

- I apply for consent to carry out the work described in this application.
- I declare that the information given is true and correct.
- I understand that if the information is incomplete that the application may be delayed, rejected or further information requested.

Signature of applicant

Date

OFFICE USE (Code: RC Ref: TPSTNM GL: 43005.1208)

Date paid	Receipt No
Amount	Logged by