

**Lithgow City Council**  
**180 Mort Street Lithgow NSW 2790**  
**Telephone (02) 63549999**

Postal Address: PO Box 19 Lithgow NSW 2790 Fax: (02) 63513858

## **APPLICATION FOR DRAINAGE DIAGRAM**

NAME OF APPLICANT: .....

POSTAL ADDRESS: .....

APPLICANT/S REFERENCE: .....

TELEPHONE NO.: .....

### **PROPERTY DESCRIPTION**

District, Town or Village: \_\_\_\_\_

Street: \_\_\_\_\_ House No.: \_\_\_\_\_

Lot: \_\_\_\_\_ Portion: \_\_\_\_\_ Section: \_\_\_\_\_

DP: \_\_\_\_\_ Parish: \_\_\_\_\_ County: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

OWNER/S FULL NAME: \_\_\_\_\_

*An application fee of \$38.00 is enclosed herewith.*

Please tick if a receipt is required

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.**

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council.

We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.

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### **OFFICE USE ONLY**

Receipt:  
Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Drainage Cert. No.: \_\_\_\_\_

Property No.: \_\_\_\_\_

