**APPLICATION FORM**

**Street Numbering of New Dwellings**

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

|  |
| --- |
| This form is used to allocate street numbers to new dwellings only. Not to be used for changing or altering existing addresses.There is **NO FEE** required if the application is for numbering of a new dwelling or is a result of an approved development application.Note for Dual and Multiple Occupancy Street Numbering Applications: A dual occupancy is defined as two separate dwellings on one allotment of land. A multiple occupancy is where there are more than two separate dwellings on the one allotment of land.When requesting additional street numbering or garbage services for dual/multiple occupancies properties Council will investigate whether there is development approval and will also apply to the NSW Valuer General for a separate valuation. This may result in additional Council rates assessments and may have tax implications for the property owner.Should have any questions please contact Customer Service on (02)9748 9999 or visit council’s website for more information <http://www.strathfield.nsw.gov.au> |

|  |
| --- |
| **APPLICANT DETAILS** |
| **Given Name(s)** **(or Company Title Name):**  |  |
| **Surname / Last Name****(or ABN) :** |  |
| **Contact Address:** | **Unit:** |  | **House Number:** |  |
| **Street Name:** |  |
| **Suburb:** |  | **State:** |  | **Postcode:** |  |
| **Daytime Contact:** | **Mobile** | **Phone** | **Fax** |
|  |  |  |
| **Email Address:** |  |

|  |
| --- |
| **DESCRIPTION OF THE LAND TO WHICH STREET NUMBERING RELATES**(Please list the current or original address of the subject property. This will help us to correctly identify the land) |
| Unit, Shop or Suite: |  | Street No: |  |
| Street Name:  |  |
| Suburb: |  |
| Lot:  |  | Section: |  |
| Deposited Plan No (DP): |  | Strata Plan No (SP): |  |

|  |
| --- |
| **DETAILS OF RELATED APPLICATION(S)** |
| **Development Application Number:** |  |
| **Construction Certificate Number:** |  |
| **Subdivision Application Number (if applicable):** |  |
| **S37 Strata Application Number (if applicable):** |  |

|  |
| --- |
| **PROPOSED STREET NUMBERING OF THE PROPERTY**(Please list the requested address in as much details as possible. Use additional pages if required)For more information visit http://www.strathfield.nsw.gov.au/development/addressing |
| **Plan Lot Number(s)**(i.e. Lot 1) | **Proposed New Address(s)**(i.e. 39 Wilson Street, Suburb name, Postcode) |
|  |  |
|  |  |
|  |  |
|  |  |
| **Please attach a site plan with preferred street numbering, if possible.** |

|  |
| --- |
| **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. |

|  |
| --- |
| **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:** |
| **Signature of applicant:** | **Date:** |
| If you are signing on the owner’s behalf as the owner’s legal representative, please state the nature of your legal authority and attach documentary evidence.**Signature: Date:** (i.e. Power of attorney, executor, trustee, company Director)  |

|  |
| --- |
| **APPLICATION DECISION NOTIFICATION** |
|  Notify me by EMAIL |  Notify me by POSTAL MAIL  |

|  |
| --- |
| **PRIVACY STATEMENT** |
| Application forms and/or names and addresses of people making an application is information that is publicly available. In accordance with section 18(1)(b) of the Privacy and Personal Information Protection Act 1998 (NSW), you are advised that all application forms received by Council will be placed on the appropriate Council file and may be disclosed to Councillors, Council officers, consultants to Council or members of the public. Pursuant to the provisions of the Government Information (Public Access) Act 2009, Council is obliged to allow inspection of its documents, including any application you make. However, should you wish for your contact details to be suppressed, please indicate such on the application form. |

|  |
| --- |
|  **INSTRUCTIONS FOR APPLICANTS** |
| * Lodging an application requires a completed application form, all relevant information.
* Application will be checked at lodgement to ensure the required information is provided.
* Council will notify a defined list of service providers and authorities of numbering, as a courtesy.
* Addressing for small unit blocks will be units 1, 2, 3 etc.
* There must be no duplication of addressing in strata plans between shops, suites, units.
* Strata Title subdivision will normally result in the application of unit numbers.  Unit numbers should, for clarity, match the new lot number in the relevant strata plan.
* Multi-level properties shall be numbered using two parts, e.g. 101, 201, 301, etc (first part being the floor/level; with the last two digits being the unit numbers.
* Where there are no gaps in existing street numbers for a new development and additional numbers are required, suffixes can be used.
* Suffixes will start at “A”, and will be sequential in the same direction as the numbering of addresses.
* INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU.
* Lodge by mail or in person - Strathfield Municipal Council, 61-65 Homebush Road, Strathfield NSW 2135, Monday - Friday, 8.30am - 4.30pm. Applications must be lodged by 4.00pm or,
* by email council@strathfield.nsw.gov.au
 |

|  |
| --- |
| **OFFICE USE ONLY** |
| **Checked by Officer:** |  |
| **Receipt No:** |  | **Date:** |  |
| **ECM Doc No:** |  | **Initial of Officer:** |  |
| **PLEASE FORWARD THIS APPLICATION FORM TO THE GIS SECTION.** |