



**CENTRAL GOLDFIELDS SHIRE COUNCIL
MUNICIPAL OFFICES
12-22 NOLAN STREET
PO BOX 194
MARYBOROUGH VIC 3465**

**Phone: 5461 0610
Fax : 5461 0666**

FOR OFFICE USE ONLY

L. 51211.03
Building Information Fee: \$55.55

Receipt No. _____

Date: _____

Building Act 1993
BUILDING REGULATIONS 2006
Regulations 610(2)

COUNCIL REPORT AND CONSENT

REQUEST FOR STORMWATER LEGAL POINT OF DISCHARGE

I, _____ (Owner/Applicant)*
*cross out if not applicable

of _____ (postal address)

_____ Telephone Number _____

request Council to provide particulars indicating the location of the point of discharge from an allotment for the following property:-

LOT _____ STREET NO. _____ STREET _____

TOWN _____

SIGNED : _____ (Owner / Agent of Owner)*