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| **WCClogo CMYK MASTER** | **APPLICATION FOR  LEGAL POINT OF DISCHARGE AND  COUNCIL EASEMENT INFORMATION** |

**In accordance with the Building Act 1993** and t**he Building Regulations 2018: Regulation 133(2)**

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| **APPLICANT DETAILS** | **All sections must be completed** |
| Name: | |
| Company: | |
| Address: | |
| Suburb: | Postcode: |
| Telephone: | Email Address: |

|  |  |  |
| --- | --- | --- |
| **PROPERTY ADDRESS FOR WHICH THE INFORMATION IS BEING REQUESTED** | |  |
| Address: | | |
| Suburb: | Postcode: | |
| Lot Number: | Plan of Subdivision: | |
| Volume: | Folio: | |

|  |  |  |
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| **INFORMATION TO BE SUBMITTED WITH THE APPLICATION** |  | |
| A recent copy of the Land Title (if the land has not been developed or built on) | |  |
| Payment of $144.65 (no GST applicable) | |  |

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| **IMPORTANT INFORMATION** |  |

The Legal Point of Discharge and Council Easement Information application fee is non-refundable.

Please ensure that you provide a Land Title specifically for the allotment you are requesting the details for. If the Land Title has not been released yet, Council will not have the requested details available.

Submission of a parent Land Title when seeking information for a subdivided individual allotment is insufficient. In these circumstances, information will be provided for the parent property and you will be required to resubmit a new application for the individual allotment once it has been Titled.

**The completed application form and accompanying documentation can be submitted to**[**mail@wyndham.vic.gov.au**](mailto:mail@wyndham.vic.gov.au) **or posted to PO Box 197, Werribee VIC 3030**

Credit Card Payment Form

TO:  
**WYNDHAM CITY COUNCIL**…………..…………..…………..…………..……..….………….…………..………………….………………………………….………………

FROM:   
  
…………..…………..…………..…………..……..….………….…………..………………….…………………………………………………

PAYMENT FOR**:   
LPD & EASEMENT INFORMATION APPLICATION**…………..…………..…………..…………..……..….………….…………..…….………………………………………….…..………………

□BANKCARD □MASTERCARD □ VISA

**Card Number**□□□□ □□□□ □□□□ □□□□

EXPIRY DATE ……..….…… /……..….……

CARD HOLDER’S NAME.…….………..…………….…………..……………….…………………………………………………………………………………….

AMOUNT $144.65

SIGNATURE……..…………..……..….………….…………..……………………………………………………………………………………………………………  
(I declare that the information supplied is true and correct)

DATE………..……..……..….………….…………..………………………………………………………………………………………………………………………

CONTACT PHONE NUMBER……………………………………………………………………………………………….…………………………..…………..

Wyndham City, 45 Princes Highway, Werribee  
Phone: (03) 9742 0777  
Email: mail@wyndham.vic.gov.au