

REQUEST FOR INSPECTION - ON-SITE SYSTEM

Property Details

Property Address (Unit/House No. and Street/Road): _____

Full name of contact person: _____

Company name (if applicable): _____

Postal address: _____

Contact details (home/mobile phone): _____

Email: _____

Owner's consent: I/we the owner(s) of the above property request Armidale Regional Council to perform an inspection of the On-site Waste Water System on the premises detailed above.

Signatures of all owners: _____

On-Site System Location (provide a diagram of the On-site system in relation to the house)

Notes:

1. A Council Officer will contact the applicant once payment has been made to organise a time for inspection.
2. Please inform the Council officer if there are any dogs/animals on the premises when booking the inspection.
3. The Officer will then inspect the premises and either issue an approval to operate or issue a notice of works that are required.

COUNCIL USE ONLY



Fee \$

Receipt Code: **A295**

Receipt No:

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