

BOROUGH OF QUEENSCLIFFE

50 LEARMONTH STREET, (PO Box 93), QUEENSCLIFF VIC 3225 Ph: 03 5258 1377 FAX: 03 5258 3315

LEGAL POINT OF DISCHARGE REQUEST FORM

Please read Conditions of Consent before completing this form. Please print clearly.

Verbal Legal Point of Discharge advice will not be provided.

The Applicant v	Vho is making this application?		
Name:	Phone: (business hours)		
		(business hours)	
Organisation:		Fax:	
Dootel Address.		Facelle	
Postal Address:		Email:	
The Land What is t	the address of the land for which the Lega	al Point of Discharge is required?	
The Proposal Des	scribe the way the land is proposed to be	e used or developed	
Alterations/Addition	s Dual Occupancy	Units (specify No)	
Renovations	Single Dwelling	Other (specify)	
Site Plan/Plan o	f Subdivision		
Is a site plan or plan of subdivision attached?		Yes No	
Note: A Stormwater 'Detention' / 'Retention' / Absorption System may be required for the proposed development			
- 101,			
Fees/Charges			
Legal Point of Discharge			
(It should be noted that details are provided by Council from the best available information and the accuracy of such information cannot be guaranteed.)			
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Payment Option	IS		
	h of Queenscliffe, PO Box 93, Queen	nscliff Vic 3225	
	Offices, 50 Learmonth Street, Queen		
Via Phone: Credit C	Card Payments can be made by callir	ng (03) 5258 1377	
I declare that all the in	formation I have given is true.		
Applicants Signature:		Date:	
Applicants Signature:			

Privacy Note: Council collects personal information to fulfil its statutory obligations, and to ensure that it can provide services to you. In some instances Council cannot provide some of its services unless you provide us with necessary information. Council will only use personal information for the purposes for which it was collected. Council staff are happy to discuss your privacy queries, however if you require further assistance you should contact our Privacy Officer on 5258 1377.