

Amend a Septic Tank Permit Application Form

When to Complete this Form

You need to amend the permit application before the system is installed and prior to the Certificate of Use being issued.

Application Fees

- Amendment: \$169.50.

PROPERTY ADDRESS

Street Address: _____

Town: _____ State: _____ Postcode: _____

Lot Number: _____ Approximate Age of Dwelling: _____

Septic Licence Number: _____

APPLICANT DETAILS

Applicant Type (please tick):

- Owner.
- Agent or Representative.
- Plumber.

Applicant Full Name (including Title): _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Best Contact Number: _____

Email Address: _____



South Gippsland
Shire Council

PROPERTY OWNER DETAILS

This section only needs to be completed if you selected Agent or Representative, or Plumber above.

Property Owner Full Name (including Title): _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Best Contact Number: _____

Email Address: _____

PLUMBERS DETAILS

This section only needs to be completed if you selected Agent or Representative, or Owner above.

Plumber Full Name (including Title): _____

Best Contact Number: _____ VBA Licence Number: _____

Email Address: _____

CHANGES

Please tick what changes to the Permit to Install you require:

- House / Development Plans.
- Location (Septic / Effluent).
- System (Onsite Wastewater Management System).
- Other (please specify):

CHECKLIST OF INFORMATION REQUIRED TO PROCESS APPLICATION

- Application Fees.
- Current copy of Land Title.
- Locality Plan.
- Septic Site Plan.
- Floor Plan of Proposed Dwelling (to scale, with clear dimensions).

PRIVACY STATEMENT AND DECLARATION

I acknowledge South Gippsland Shire Council's primary purpose of collecting personal information within this Amend a Septic Tank Permit Application Form will be used to complete your request for information. Failure to provide correct details may result in Council being unable to process your request. All personal information provided in this form will be managed in accordance with the *Privacy and Data Protection Act 2014*.

I declare that the information provided in this information is true and completed to the best of my knowledge. This application forms a legal document and penalties exist for providing false or misleading information.

Please sign and date below to state you understand the above.

Applicant Signature: _____ Date: _____

HOW TO RETURN YOUR FORM



Via Post to:
**Environmental Health
South Gippsland Shire Council
Private Bag 4
Leongatha VIC 3953**



Via Email: **council@southgippsland.vic.gov.au**



In Person at **9 Smith Street, Leongatha**



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