

#### **Contact Details:**

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# Website:

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Updated: July 2024 Our Ref: 23075/2010

### Office Location:

44 Princess Street, Macksville NSW 2447

## REQUEST FOR A PRE-PURCHASE OSSMS INSPECTION

Section 68, Part C of the Local Government Act Approvals

Applicant's Name					
Applicant's Address					
Email Address			Phone:		
PROPERTY DETAILS:					
Licence No: Lot No		DP:			
Street Address: Locality:					
Owner:		SEWAGE SYSTEM:			
Address:		Installed:			
		Within 10 yrs	☐Within 15 yrs	Excess 15 yrs	
		Type: Septic	Tank	Composting	
Phone:		, ,, , , , , , , , , , , , , , , , , ,	Aerated System Cess Pit		
Occupier/Agent:		Others	·		
		Number of persons	s in dwelling:		
Can you please indicate any difficulties with access to the property for the inspection of the onsite sewage management.					
Locked gates Dangerous Ani		nimals	Other		
Signatui	re of Applicant		Signature of Owner/s  If the applicant is not the owner, owner's consent is required		
Date: Date:					
OFFICE USE ONLY					
License No: 2001					
Receipt Number:	Amount Paid	l: \$244.00	Date Paid:		