



CERTIFICATE REQUEST FORM

818 Pacific Highway, Gordon NSW 2072 | Locked Bag 1006, Gordon NSW 2072

T 02 9424 0000 F 02 9424 0209 DX 8703 Gordon TTY 133 677

E kmc@kmc.nsw.gov.au W www.kmc.nsw.gov.au ABN 86 408 856 411

I hereby apply for the undermentioned Certificate(s) for the property described herein:

Planning Certificates (Environmental Planning and Assessment Act 1979)

- 149 (2) All Sch.4 clauses of EP&A Regulations \$53
- 149 (2) & (5) All Sch.4 clauses of EP&A Regulations + Extra Information ... \$133
- 149 (2) Only Clause 3 of Sch.4 of the EP&A Regulations \$53

Building and Compliance Certificates

- 735A Local Government Act 1993 \$130
- 121ZP Environmental Planning and Assessment Act \$130
- 64 Noxious Weeds Act 1993 \$125

Rates Certificates

- 603 Local Government Act 1993 \$75

Other Certificates

- 88G Conveyancing Act 1919 as amended \$10

Urgent Certificate Application Fees (Add to Certificate Fee)

- 88G – Urgent Conveyancing Act \$100
- 121ZP & 735A Within 48 hours (if no inspection required) \$45
- 149 & 603 Processed on the day if lodged before 2pm \$60

Pick Up

Post

PROPERTY DESCRIPTION

Property address: _____ Postcode: _____

Lot: _____ Section: _____ DP: _____

Owner's name: _____

Applicant's name: _____ Phone: _____

Applicant's address: _____ Postcode: _____

I hereby certify that the above information has been read and checked by myself and represents the property on which I wish Ku-ring-gai Council to issue the appropriate Certificate. I also understand that where house number and property description are at variance with Council's records, that the Certificate will be issued on the property description given. I take full responsibility for the information contained in this application.

Applicant's signature: _____ Phone: _____ Date: _____

FOR COUNCIL USE

Date: _____ Application Number: _____ Receipt Number: _____



CREDIT CARD PAYMENT FORM

818 Pacific Highway, Gordon NSW 2072 | Locked Bag 1006, Gordon NSW 2072

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Introduction	This form must be used for providing payment by credit card for Council services. Please attach this form with any relevant documentation to ensure fast processing of your payment.
Applicant Details	Name:..... Mailing Address:..... Phone Number:.....
Amount to be Debited	\$
Card Details	Card No: _____ Expiry: __ / __ Name on Card:..... Signature:.....Date:..... <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express NOTE: A merchant fee surcharge is applicable to all credit card payments
Your Privacy	The personal information you have supplied on this form is legally required and assists Council officers when determining your application. Failure to provide some details may result in rejection or delays. The details provided are not publicly available. At any time you have access to view or correct any information you have supplied.
Office Use Only	CSO Initials: _____ Date: _____

FOR COUNCIL USE

Date: _____ Application Number: _____ Receipt Number: _____