

Domestic waterfront water access only occupation area review application

Use this form to apply for a review to the essential occupation area for a water access only (WAO) domestic waterfront licence.

Contact us

For more information, please contact us at:

NSW Department of Planning, Industry & Environment—Crown Lands
PO Box 2155
DANGAR NSW 2309

Phone: 1300 886 235

Fax: 02 4925 3517

Email: waterfront.tenures@crowland.nsw.gov.au

Web: industry.nsw.gov.au/lands

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Industry and will be used for purposes related to this application. NSW Department of Planning, Industry & Environment will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Planning, Industry & Environment website at www.industry.nsw.gov.au/legal/privacy

Applicant details

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:
First name	
Surname	
Home address	
Postal address	
Home telephone	
Work	
Mobile	
Email address	
Domestic waterfront licence number	

Occupation area details

	Current account area (m2)	Revised area (m2)
Essential area		
Non essential area		
Total occupation area		

Supporting evidence

For this application to be considered you must provide a signed and witnessed statutory declaration (see attached) and the following pieces of supporting evidence:

- Copy of approved development consent plans for the structures
- Site survey or a copy of a recent Identification survey prepared by a surveyor, showing to scale the relationship of the proposed structures to the boundaries of the adjoining freehold property and the mean high water mark.

Declaration

I/ we

wish to apply for a revision of the essential occupation area for the water access only licence.

By making this application I /we agree that the current essential and non-essential areas defined in my account will be used to calculate my annual rent as it falls due until my application is assessed.

Signature

Date

Signature

Date

Statutory Declaration

I/ we

of

being the holders of Licence No.

do solemnly and sincerely declare that:

to the best of my knowledge, the information provided in the attached WAO occupation area review application including the supporting evidence is a true and accurate reflection of the structures associated with the above mentioned domestic waterfront licence.

This solemn declaration is made conscientiously believing the same to be true by virtue of the *Oaths Act 1900*.

Declared at

on

Signature of declarer(s)

Signature of declarer(s)

Declaration of witness

I declare this declaration was made before me at

This

day of

20

Name	
Address	
Signature	
Qualification	

I certify that the following matters concerning the making of this statutory declaration by the person who made it (*please tick appropriate box/es)

- saw the face of the person **OR**
- have known this person for at least 12 months **OR**
- have confirmed the person's identity using an identification document that can be relied upon (describe ID document)

If the declaration is made outside New South Wales delete *Oaths Act 1900* and insert reference to local Act.

Lodgement

Email the completed form to: waterfront.tenures@crowland.nsw.gov.au

Mail to: NSW Department of Planning, Industry & Environment—Crown Lands, PO Box 2155, DANGAR NSW 2309

Office use only – Refer to the Receipting and Referrals Codes Document						
<input type="checkbox"/> BCN DWF	Referral Code	BCN	Receipting Code		TRIM DOC	
Fee Paid		Receipt Number		Account number		
Date						