

****Application form must be submitted four (4) weeks before intended use****
****Works must not commence without a permit issued by Council****
****We endeavour to support all requests, in some instances the proposed activity may not be deemed appropriate and therefore may not be approved****

APPLICANT DETAILS

Name:			
Organisation: (if applicable)		ABN:	
Postal Address:			
Daytime Contact Number:		Email Address:	

Hereby make application to the City of Onkaparinga to encroach over a Council easement:

Describe in detail what works are proposed over the easement:

Is this a new or existing encroachment? New Existing

Certificate of Title details: Volume _____ Folio _____

Is Development Approval (DA) required: Yes No

If yes – have you made an application for DA? Yes No

If yes and approved, supply DA Reference number _____

Copy enclosed? Yes No

Council officer for DA application _____

ATTACH THE FOLLOWING ITEMS: *(Indicate using tick boxes that items are attached)*

- Plans and drawings of the existing and proposed infrastructure/buildings or earthworks indicating measurements, property boundaries and easement location
- Copy of Certificate of Title (which is available from the Lands Title Office contact their office on 8226 3983)
- Copy of public liability insurance for the works to a minimum of \$10,000,000
- Evidence of payment of fee of \$570.00 (non-refundable should the application not be supported). To arrange payment you may visit one of our Council offices or call 8384 0666 and ask to speak with front counter staff who can arrange payment, please quote 'PEREXE'. Include your receipt number below as evidence.

Subject to any variation by Council, any permit issued is subject to:

- The general and/or special conditions which Council determines;
- **Payment of the prescribed fee.**

Please submit application:

Click here to submit via email
mail@onkaparinga.sa.gov.au



By post or fax to:

Permits and Licences Officers
City of Onkaparinga
PO Box 1
NOARLUNGA CENTRE SA 5168
Fax 8382 8744

Receipt – Office Use Only

Receipt Number:	
Amount:	
Date of Payment:	