KYOGLE COUNCIL: PO Box 11 Kyogle 2474 Ph: (02) 66321611 Fax: (02) 66322228

Applicant:		
Address:		
Phone No:		D/A No: (if applicable)
PROPERTY DETAIL	.S	
Lot:	Portion/Sect	ion:DP:
Parish:		Assessment No:
Owner:		
		Number of Access:
TWO SKETCH PLAI	NS OF V/A LOCAT	TION (ONE @ A4 SIZE) ATTACHED
RED RAG PLACED	AT V/A LOCATION	N (FOR ON SITE LOCATION)
FAILURE TO COMPLY V	VILL INCUR ADDITION	IAL VA INSPECTION FEE/S.
I HAVE READ AND I	FULFILLED THE C	ONDITONS OF THIS APPLICATION:
Signed		
NOTE: Include name	e of road, location d	etails, and mark location X on site plan, and visible red flag at site.
FEES: 2023/24		
V/A Application Fee	\$275	
V/A Application ree	·	
		each additional access on this application
Restoration Bond	\$500	per access (refundable on satisfactory completion of works
Vehicular Access:		
Bond		19208.9141.9100
Assessed Fee:		
Date Received:		
Receipt No:		
NOTE: Application <u>n</u>	nust be accompanie	ed with 2 sketch plans of VA location
Council Officer:		Date