

*OFFICE USE ONLY: CET Officers must check the OSSM Register to determine if there is a current ATO on the property.  
Form to be used only when there is no current ATO as indicated on the OSSM Register*

Property No:

Date Received:

Receipt Number:

### OWNERSHIP DETAILS

Owner's Name:

Postal Address:

Postcode:

Phone:

Email Address:

### APPLICANT DETAILS

Applicant's Name:

Postal Address:

Postcode:

Phone:

Email Address:

### DESCRIPTION OF LAND TO WHICH APPLICATION RELATES

Street No:

Street Name:

Suburb:

Lot / DP:

## DETAILS OF THE SYSTEM

- |                          |                                     |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Septic Tank                         |
| <input type="checkbox"/> | Aerated Wastewater Treatment System |
| <input type="checkbox"/> | Composting Toilet                   |
| <input type="checkbox"/> | Collection Well and Pump Out        |
| <input type="checkbox"/> | Pump to Sewer                       |

## OWNERS CONSENT

Owner's Name:

Owner's Address:

I/we the undersigned, are the owner/s of the property described in this application and consent to its lodgement. Application is hereby made for approval to operate a Sewage Management Facility on the premises described in this application. I/we, hereby permit a duly authorised officer(s) or contractor(s) of the Maitland City Council to enter the land or premises to carry out inspections and surveys or take measurements or photographs as required for the administration of the Act(s), Regulations or Planning Instrument.

Signature (s):

Date:

## PAYMENT DETAILS (CASHIER USE ONLY)

Amount:

Receipt No:

Date Paid: