

10 Graham Place, CASINO 25 Woodburn Street, EVANS HEAD Locked Bag 10, CASINO NSW 2470 Phone: 6660 0300 Fax: 6660 1300 council@richmondvalley.nsw.gov.au

Construction of Vehicular Accessway

(Section 138, Roads Act 1993)

Property Details - location of proposed development Unit / Street / Road								
Suburb / Town / Locality								
Lot	Section	Deposite						
Applicants Details (Any applicable bonds / refunds will be issued to the account details below)								
Title	Given Name/s		Surn	name				
Postal Address								
Telephone (H)		Mobile	Ema	ail				
Signature			Date	Э				
Owner's Details (ALL owners signatures required – attach separate sheet if required)								
Title	Given Name/s			Surname				
Company / Business Name			A.B.	A.B.N /A.C.N.				
Postal Address								
Telephone (H)		Mobile		Email				
Signature			Date	9				
Accessway	Works							
Crossing (only that part along the drain – not including across the footpath) Apron (from kerb/crossing to property boundary - across the "footpath" area)								
Pipe \$	Dish \$		Layback \$	Other \$				
Light	Heavy Duty		Apron Bond \$					
Total Bond \$		inc GST		Prepared by:				
Comments				Date:				
Office Use	Date lodged	App ID:	BOND					
Receipt No	Amount:	Related	I DA No:					
Property ID:								
Certificate of	of Currency Public Liabilit	y - \$20M	Site Map Provided					

 d location of Vehicular Acce	- 1		



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Request for Bond Refund

Refund of the bond / bank guarantee, upon satisfactory final inspection, less inspection fees incurred.

Applicants Details (Any applicable bonds / refunds will be issued to the account details below)									
Title Given Name/s	Surname								
Postal Address									
T. 1. (1)	F 1								
Telephone (H) Mob	le Email								
Refund Details									
I, the Applicant understand all compulsory inspections are to be completed prior to the release of refund.									
Cheque – posted to the bond applicant address									
Direct Deposit – paid into bond applicant bank account									
Bank									
BSB:									
Bank Account Name:									
Name:									
Signature									
Office Use									
Bond No.	DA No:								
Property ID:	Land ID								
Inspections completed	Officer Initials:								
Refund Amount:	Processed by:								