

Water Restriction Exemption or Variation Request Form

Postal Address LMB 7 Inglewood QLD 4387

Engineering Services

Ph: 07 4671 7449 Fax: 07 4671 7433 Internet/Email www.grc.qld.gov.au

mail@grc.qld.gov.au

Applicants shall make themselves familiar with Council's Drought Management Plan which is available by contacting Goondiwindi Regional Council or on Council's website at <u>www.grc.qld.gov.au</u>

Арр	licants De	tails:	(The applicant should	have the	e consent of the prop	erty o	wner or authorise	d agent prior	r to submittin	ng this application)	
	ness Name licable):										
Given Name/s:							Surname:				
Posta	al address:										
Email:							Contact Nu	mber:			
Pro	perty or Si	te Dei	tails:								
Stree	et Address:										
Town:							Lot & Plan:				
Wat	er Restric	tion E	xemption De	etails	:						
Exemption Type:		: 🗆	Full Exemption				Variation 1	o current	water lev	el restrictions	
Exemption Perio		od: 🗌	Term of the cu	rrent le	ent level of restriction		Temporary	Start Date:		Finish Date:	
	Commercial	Busine	SS		New Gardens/	Turf/	Landscaping		Domes	tic Water Tanks	
	Schools/Sporting/Recreation Clubs			Bucket Waterin	ng (P	lease note that a r	nedical certi	ificate is requ	uired to support an exe	emption)	
	Other (speci	ify):									
supp	ils to port cation:										
Detai Varia (if appl	ation:										
savir	ils of water ng measures: ^{licable})										
						-					

Estimated/Historical Water Usage:

Kilolitres/Day

Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.

Applicants Consent:

I/We hereby request that Goondiwindi Regional Council consider an exemption or variation to the current water restriction level for the reasons specified in this application. I/We have read, understand and accept that:

- Specific requirements and conditions shall be adhered to during the approval period;
- Appropriate access to the property or site shall be maintained to enable Goondiwindi Regional Council to assess application, and if required, monitor the ongoing adherence to any conditions of the approval;
- Any violation of the conditions shall result in the immediate voiding of the approval;
- This approval is only applicable to the current water restriction level;
- Goondiwindi Regional Council may withdraw, modify or apply additional conditions upon declaration of a revised water restriction level; and
- Goondiwindi Regional Council may publicly disclose any relevant details of the approval.

gnature of Applicant:	Date:	
gnature of Applicant:	Date:	

Office Use Only:

Lodgement Date:	Assessed by:	Assessment Outcome:	Approved Declined Alternative
Assessment Outcome Comments			
Proposed Alternative Times/Day (if applicable)			