

Date Received



# Application for Low Impact Stormwater Drainage Discount (Non-residential properties only)

This application form is for non-residential properties that have taken steps to reduce the impact of their stormwater drainage discharge and wish to request consideration for a Low Impact stormwater drainage discount to be applied to their property account.

## PROPERTY ADDRESS

Unit / Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
State & Post Code	Assessment Number	
<input type="text"/>	<input type="text"/>	

## APPLICANT DETAILS - *Only a single contact name can be nominated*

Full Name	<input type="text"/>		
Company Name	<input type="text"/>	Position Title	<input type="text"/>
Postal Address	<input type="text"/>		
Mobile	<input type="text"/>	Business	<input type="text"/>
		Private	<input type="text"/>
Email Address	<input type="text"/>		

## 1. CERTIFICATE OF COMPLIANCE - *From a licenced plumber only*

Name of Plumber	<input type="text"/>		
Licence Number	<input type="text"/>	Company Name	<input type="text"/>
Postal Address	<input type="text"/>		
Mobile	<input type="text"/>	Business	<input type="text"/>
		Private	<input type="text"/>
Email Address	<input type="text"/>		

Please tick to confirm:  The Plumber's Certificate of Compliance has been submitted with this application.

## 2. PROPERTY DETAILS

Primary Purpose of the Property

Area of the Property (m<sup>2</sup>)

Roof Area (m<sup>2</sup>)

Percentage Roof Area

Hardstand and Other Impervious Area (m<sup>2</sup>)

Percentage Hardstand Area

Total Impervious Area (m<sup>2</sup>)

Percentage Total Impervious Area

Pervious / Grassed / Natural Area (m<sup>2</sup>)

Percentage Pervious Area

## 3. STORMWATER MANAGEMENT MEASURES

### 3.1 Stormwater Detention / Retention Systems

List the devices installed for stormwater detention / retention below:

Item	Detention / Retention Type	Device Size (in cubic metres)	Catchment Area (in square metres)
1			
2			
3			
4			
5			

### 3.2 Stormwater Treatment

List the devices installed for stormwater treatment below:

Item	Device Type	Number of Devices
1		
2		
3		
4		
5		

Please tick to confirm the following:

- An assessment report prepared by a suitably qualified consultant has been submitted with this application certifying implementation of the above Stormwater Management Measures and confirming that they are operational and maintained.

----- **OR** -----

- The Stormwater Management Measures were conditions of development and have been approved by Council. The Certified DA report, Occupancy Certificate and an assessment report prepared by a suitably qualified consultant has been submitted with this application confirming that the above Stormwater Management Measures are operational and maintained.

The relevant DA number and application years are as follows:

DA Numbers / Years           

## PRIVACY & PERSONAL INFORMATION

Information on this form is collected by Council for administrative and assessment purposes. It will be used by Council staff for the purpose of processing your application. This application form and any supporting documents you provide may be made available for public access under the *Government Information (Public Access) Act 2009*.

## OWNER'S CONSENT - Please list all registered owners for the subject property

Please list below all of the registered owners for the subject property:

Owner's Name

Owner's Name

Please tick to confirm:  Owner's consent has been given to the making of this application and authorises the applicant named to act on the owner's behalf in relation to this application.

## APPLICANT'S DECLARATION

Please tick to confirm:  The applicant declares that the details provided to Central Coast Council are, to the best of their knowledge, true and correct.

The completed application form and supporting documentation can be submitted to Council by visiting one of Council's Customer Service centres, via the post or preferably by emailing [ask@centralcoast.nsw.gov.au](mailto:ask@centralcoast.nsw.gov.au).