

Amount

Date

Receipt # (HK 230 | Subject 48.14)



Application for Initial Compliance Inspection of Registrable Boarding House

Under the *Boarding Houses Act 2012*

Registration must be current with the Department of NSW Fair Trading prior to this application being submitted.

1. BOARDING HOUSE DETAILS

Unit/Street No.

Street Name

Suburb

Name of Boarding House

Type of Accommodation Provided

1. General Boarding House

Number of Persons

2. Assisted Boarding House

Number of Persons

2. APPLICANT DETAILS – Only a single contact can be nominated

Full Name

Company Name

Position Title

Address Details

Telephone
(Mobile)

Business

Private

Postal Address

(if different from above)

Email Address



Wyong Office: 2 Hely St / PO Box 20 Wyong NSW 2259 | **P** 02 4350 5555

Gosford Office: 49 Mann St / PO Box 21 Gosford NSW 2250 | **P** 02 4325 8222

E ask@centralcoast.nsw.gov.au | **W** www.centralcoast.nsw.gov.au | **ABN** 73 149 644 003

3. 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*.

4. OWNER(S) CONSENT – All owners must sign. If **Owner is a Company**, a director and an Authorised person must sign. The Position Title must be provided. An Owner's Corporation must sign under common seal.

As owner(s) of the land, I/we give consent to the making of the application and authorise the applicant named to act on the owner's behalf in relation to the application. I/we give consent to authorised officers to enter land to carry out inspection relating to the application.

Owner's Name	<input type="text"/>		
Company Name	<input type="text"/>	Position Title	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/>
Owner's Name	<input type="text"/>		
Company Name	<input type="text"/>	Position Title	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/>

5. APPLICANT'S DECLARATION

I the undersigned, declare that the details provided to Central Coast Council are, to the best of my knowledge, true and correct.

Signature	<input type="text"/>	Date	<input type="text" value="/"/> <input type="text" value="/"/>
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