STORMWATER DISCHARGE APPLICATION

Consent is required under Section 17B (I) of the Roads and Jetties Act 1935 for the concentration and discharge of drainage in the State Road Reservation.

Discharge ONLY

Applications must be received by the Department of State Growth a minimum of twenty (20) business days prior to the expected commencement date for works in order to allow sufficient time for the application to be assessed. Receipt of a completed application does not necessarily mean that permission will be granted for the concentration and discharge of drainage in the State Road Reservation.

Please complete all sections

APPLICANT DETAILS

Applicant:						
Postal Address:						
Contact Phone number(s):						
Email Address:	If issued, the permit will be sent to this address.					
Name of Owner or Occupier of property:						
Consent may be granted in the name of the owner or occupier of the property. However, the consent of the owner of the property is required to the making of this application. Are you the title holder?						
☐ Yes - Declaration not required ☐ No - Title holder must sign the declaration below						
Declaration of title holder consent						
I, the undersigned, am the registered title holder of the land that is the subject of this application. I hereby indicate my consent to the making of this application for approval for the concentration and discharge of drainage in the State Road Reservation.						
Name	Signature	Date				
Email:						
(A copy of the consent letter will be provided to property owner)						
DRAINAGE DETAILS						
PROPERTY ADDRESS						
where drainage is required:						
·						
Description of location where drainage is to						
occur from property to						
State Road reserve:						
If you have had any previous contact/discussion with anyone at this Department, please indicate with whom:						
	us contact/discussion with anyone at this Depai	rtment, please indicate with whom:				

Sup	porting documents required			
	Copy of land title			
	Copy of site plan			
	Drainage plan, including catchment area			
	Drainage design			
Plea	se sign and date below:			
•••••	Applicant's Name	Applicant's Signature		Date
Subi	mit your application:			
≡ B	Permits Department of State Growt GPO Box 536 HOBART TAS 7001		e-mail:	permits@stategrowth.tas.gov.au

Personal Information Protection Statement

You are providing personal information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the Department for the purpose of dealing with your application for a permit and related activities, pursuant to the *Roads and Jetties Act 1935* and associated legislation. Failure to provide this information may result in your application not being processed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service.

