|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au |

Septic Tank Plan Request form $153

Applicant

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Town: |       | Postcode: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Owner | [ ]  Builder | [ ]  Plumber  | [ ]  Other (please specify) |       |

Reason for request:

|  |
| --- |
|       |
|       |

Site address

|  |  |  |  |
| --- | --- | --- | --- |
| Lot no: |       | LP/subdivision no: |       |
| Address: |       |  |  |
| This space has been intentionally left blank. Please make sure you complete the form fields over page. |

Please provide the following information:

|  |  |
| --- | --- |
| * Name of owner when house was built
 | * Any other previous owners (listed on copy of title)
 |
| * Other historical information
 | * Year house was built
 |
| * Previous lot numbers
 | * Previous address
 |
| * Previous building permit numbers
 |  |

If you have any additional information such as previous building permit numbers relating to the property, please list below:

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|       |

Registered owner’s declaration (if different from the applicant)

|  |  |
| --- | --- |
| Owner’s full name: |       |

[ ]  I give my permission for information requested on this form to be supplied to the above applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s signature: |  | Date: |  |

**Privacy**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which is displayed on Council’s website, [mrsc.vic.gov.au/privacy](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| Mastercard | [ ]  | Visa | [ ]  |
|  I authorise you to charge the following amount to my credit card: $ |       |
|  Name on card:  |       |
| Credit card number: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  Expiry date (xx/xx):  |       | Signature: |  |