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| ABN 42 686 389 537  PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – mrsc.vic.gov.au |

**Engineering/Drainage Plan Approval/Supervision Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have obtained a Legal Point of Discharge permit for this site: | | | | Yes  No | |
| Stormwater Legal Point of Discharge Reference Number: | | |  | | |
| Planning Permit Number: |  | Endorsed Town Plan: | | | Yes  No |
| \*Note: a Planning Permit must be obtained, and a town plan must be endorsed before lodging an engineering / drainage approval application. | | | | | |

**Applicant Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | | |
| Postal Address: | |  | | |
| Phone Number: | |  | Email Address: |  |

**Property Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| House Number: | |  | Lot Number: | |  | | | | | |
| Street Name: |  | | | | | | Township: | |  | |
| **2024/25 application fees** (please tick)**:** | | | | **Single Dwellings** | | **2-5 Dwellings** | | **5+ Dwellings / Commercial** | |
| Engineering / Drainage Plan Checking and Approval | | | | $150 | | $350 | | $500 | |
| Hold Points / Compliance Inspection | | | | $150 | | $350 | | $500 | |

**Further Requirements:**

1. Approval/Inspection Fee is non-refundable once approved is issued.
2. To submit this form, email it to [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au)
3. Submissions must include detailed drainage plan, computations and a compliance certificate.
4. It is the applicant’s responsibility to undertake due-diligence for underground assets by phoning Dial Before You Dig on 1100 for existing underground service information.
5. Applicants must apply for a drainage inspection prior to booking an on-site inspection (fees apply).
6. A working within the road reserve permit must be obtained prior to applying for an inspection (fees apply).

**Declaration:**  I have read and understood the above further requirements.

**Signatures:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Person’s name (please print): | |  | | |
| Person’s signature: |  | | Date: |  |

**Payment options:**

* **In person**: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our customer 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: | | | |  | | | | | | | | | | |