



Urban Address Number Application

CAB-031

Your reference no.: _____

Our reference no.: _____

Advice to Applicant

- Please complete this form in ink using BLOCK LETTERS
- An incomplete application may result in deferral of your application
- For application or lodgement advice please contact Council on 02 6392 3200 (9:00am – 11:00am Monday to Friday)

PROPERTY DETAILS

You must complete all details in this section.

Street Address

Suburb

Nearest Cross Street

Lot No.

Section

DP

DA No. (If applicable)

Date of Determination

OWNER DETAILS

If the owner is a company, the ABN number and company seal must be provided.
All owners must give consent. If insufficient space, please provide separate sheet.

Name

ABN No.

Postal Address

Suburb

Post Code

Phone

Fax

Mobile

Email

Owner's Signature

APPLICANT DETAILS

If the applicant is a company, the ABN number and company seal must be provided.

Mr Mrs Ms Other _____

Name

ABN No.

Postal Address

Suburb

Post Code

Phone

Fax

Mobile

Email Address

Applicant's Signature

Date

URBAN ADDRESS NUMBER WILL BE ISSUED SUBJECT TO THE FOLLOWING CONDITION

Privacy Information: The details provided in this form may contain information that is personal information, which identifies you etc., for the purposes of the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable the Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be utilised by Council officers in assessing the proposal and other associated activities. The information may also be made available to other persons where such access is in accordance with the relevant regulations and requirements in this regard. The submission of personal information in this case is required by law and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. The information will ultimately be stored in Council's records system.

HOW TO LODGE THIS APPLICATION

Courier or in person: Cabonne Council
 (Opening hours: 9:00am – 5:00pm Monday to Friday)
 99-101 Bank Street, Molong

Mail: PO Box 17, MOLONG, NSW, 2866
 ABN: 41992 919 200

How to contact us: Phone: (02) 6392 3200
 Fax : (02) 6392 3260
 Council@cabonne.nsw.gov.au
 www.cabonne.nsw.gov.au

Fees and Charges	Required	Cost (\$)
Urban Address Number Application Fee	NO	
Urban Address Number Plate	NO	
OFFICE USE ONLY:		
Ledger No: 11400220.131		