



Water Act 2000 – Form W2F008

ABN 51 242 471 577

Application for a riverine protection permit

Purpose of the form

This form is used to apply for a permit to excavate, place fill or destroy vegetation in a watercourse, lake or spring

Part A Applicant details

Specify the full names of all persons applying for this permit.

If the applicant is a corporation, please supply the ACN:

Attention (optional) (e.g. Principal, Secretary, Managing Director, etc.):

Street address:

Mailing address (if same as street address write 'as above'):

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

Preferred phone:

Alternative phone:

Email:

Privacy statement: Collection of information on this form is authorised by section 218 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

OFFICE USE ONLY	Application ref.		Office Stamp Only
	Client ref.		
	Authorisation ref.	Registration Date / /	

Part B Details of activity					
Name of watercourse, lake or spring:					
Date activity is to commence:			Date activity is to conclude:		
Location of activity					
Specify the parcel description of the land on or adjoining the place from which the activity will take place.					
Lot	Plan	Adjacent to (✓)	Lot	Plan	Adjacent to (✓)
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
Part C Proposed activity					
Specify the extent and nature of the proposed activity.					
To excavate in the watercourse, lake or spring					
Length (metres):			Width (metres):		
Depth (meters):			Total volume m ³ :		
Type of material to be removed:					
To place fill in the watercourse, lake or spring					
Length (metres):			Width (metres):		
Depth (meters):			Total volume m ³ :		
Type of fill to be used:					
To destroy vegetation in the watercourse, lake or spring					
Length (metres):			Width (metres):		
Total area (metres ² or hectares):					
Type of vegetation to be destroyed:					
Part D Purpose of activity					
Describe in general terms the reason the proposed activity is to be undertaken					

Part E Method of operation				
<input type="checkbox"/> Machinery		<input type="checkbox"/> Chemical		<input type="checkbox"/> Other (specify):
Part F Location of activity				
Attach a map showing the source and location from which water will be taken. Include property boundaries, lot on plan descriptions, existing water facilities, and the location of any watercourse, lake or spring.				
Part G Adjacent owner approval				
If the applicant is not the registered owner of all land adjacent to the watercourse, lake or spring where the excavation, placement of fill or destruction of vegetation is proposed, written consent from all relevant adjacent landowners is required.				
If more space is required, copy or print a blank copy of this page, complete and attach.				
Lot	Plan	Full name of landowner	Signature	Date
Part H Declaration				
All applicants to complete and sign the declaration below. If more signature space is required, print a blank copy of this page, complete and attach.				
I/We declare that the information contained in this application and materials submitted in support is true and correct.				
Individual				
I/We declare that the information contained in this application is true and correct.				
Name:		Name:		
Signature:		Signature:		
Position/Title: (if applicable)		Position/Title: (if applicable)		
Date:		Date:		
Name:		Name:		
Signature:		Signature:		
Position/Title: (if applicable)		Position/Title: (if applicable)		
Date:		Date:		
Corporation Executed for and on behalf of				
Organisation name:				
ACN:				
By (name):		By (name):		
Position:		Position:		
Signature:		Signature:		
Date:		Date:		
Witnessed by:		Witnessed by:		
Witness signature:		Witness signature:		
Date:		Date:		