



Water Act 2000 – Form W2F010

ABN 51 242 471 577

Application for renewal of quarry material allocation

Purpose of the form	
<p>To apply for the renewal of an allocation of quarry material (stone, gravel, clay, earth or soil not removed as waste material) from a watercourse or lake.</p> <p>It is advisable to contact your local office and seek pre-lodgement advice prior to submitting the application.</p> <p>You must obtain a development permit and other required authorisations before beginning operations.</p>	
Part A Quarry allocation details	
Existing allocation notice reference number:	Expiry date:
Required extension period:	year(s) month(s) NOTE: Maximum period is 5 years
Part B Allocation notice holder details	
Specify the full name(s) of all persons or corporations that are the current holders of the quarry material allocation notice:	
If the joint holder is a corporation, 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 <i>Water Act 2000</i> . 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 236 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.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	Authorisation ref.	Registration date / / Initials	

Part C Applicant declaration

All holders of allocation notice to complete and sign the declaration below. If more signature space is required, copy or 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

Name:	Name:
Signature:	Signature:
Position/Title: (if applicable)	Position/Title: (if applicable)
Date:	Date:

Corporation Executed for and on behalf of (must have appropriate authority)

Organisation name:	
ACN:	
By (name):	By (name):
Position:	Position:
Signature:	Signature:
Date:	Date:
Witnessed by:	Witnessed by:
Witness signature:	Witness signature:
Date:	Date: