

# WATER

*Let's make it last.*



**EXTREME WATER RESTRICTIONS FOR BATHURST WATER SUPPLY USERS APPLY FROM MONDAY 14 OCTOBER 2019**

## RESIDENTIAL WATER RESTRICTION EXEMPTION FORM

*All Sections (1-8) must be Completed*

### 1. APPLICANT DETAILS

Applicant Name:	.....	Applicant Organisation:	.....
Address:	.....	Telephone:	.....
Email:	.....	Mobile:	.....

### 2. PROPERTY OWNER DETAILS

- If owner is applicant write "As Above"
- If property is leased include Real Estate Agent details in owner category

Owner or Estate Agent Name:	.....	Organisation Name:	.....
Address:	.....	Telephone:	.....
Email:	.....	Mobile:	.....

Web: [www.bathurst.nsw.gov.au/waterrestrictions](http://www.bathurst.nsw.gov.au/waterrestrictions)  
Email: [waterrestrictions@bathurst.nsw.gov.au](mailto:waterrestrictions@bathurst.nsw.gov.au)  
Hotline: 6333 1683

Bathurst Regional Council 158 Russell Street  
PMB 17 Bathurst NSW 2795

**3. PROPERTY OR SITE DETAILS FOR WHICH EXEMPTION IS REQUESTED**

- If property location is same as owners address, write "As Above"
- If no street no provide Lot & Registered Plan No.

<b>Street Address:</b>	.....
<b>Suburb/Locality</b> :	.....
<b>Other:</b>	.....

**4. REASONS**

- Please include all information about the circumstances that you think should be considered in assessing this application.
- Exemptions may only be granted for the following reasons:
  - The activities require water for safety, health or hygiene
  - There are extenuating circumstances

.....

**5. ESTIMATED USAGE**

Detail the required water by time for application, and/or quantity if known for any aspect of extreme restrictions that an exemption is sought for

.....

**6. DATE**

Please specify the commencement date and timeframe required for the exemption

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**7. EVIDENCE**

Please attach evidence supporting that other options have been explored and no reasonable alternative exists

**Evidence attached** - Note: Failure to provide evidence may result in the application not being considered

## 8. APPLICANT DECLARATION

If this exemption is granted, I hereby:

- Agree to adhere to all specific conditions of any such exemption that may be imposed by Bathurst Regional Council
- Permit appropriate and reasonable access to the property to enable Bathurst Regional Council to assess adherence to any exemption conditions
- Acknowledge that this exemption is only applicable to the current extreme level of water restrictions in place and current as at the date of the exemption approval and Bathurst Regional Council may withdraw, modify or include additional conditions. A new exemption will be required should the level of water restrictions change

<b>APPLICANT NAME:</b>	.....
<b>APPLICANT SIGNATURE :</b>	.....
<b>DATE:</b>	.....

**Note:** Council may for the purpose of detailing current exemptions include the address details of successful exemptions (*with no other identifiers*) in an exemption register available on the Bathurst Regional Council website. Should the applicant not wish this to occur please advise Council when submitting this application.

PLEASE RETURN THE APPLICATION TO:	Bathurst Regional Council
<b>Email:</b>	<a href="mailto:waterrestrictions@bathurst.nsw.gov.au">waterrestrictions@bathurst.nsw.gov.au</a>
<b>Post:</b>	The General Manager Bathurst Regional Council Private Mail Bag 17 Bathurst NSW 2795

**OFFICE USE ONLY**

Please insert date received below and forward to Water and Waste Department for processing.  
Date Received at Bathurst Regional Council: \_\_\_\_\_

To be completed by Bathurst Regional Council staff

**WATER RESTRICTIONS Application for Exemption**

**EXEMPTION DETAILS**

Exemption Approved:

- Yes
- No
- Not Required

Exemption Duration:

.....

Special Conditions:

- Yes (if yes, list below)
- No

DETAILS:

.....

MANAGER CONCURRENCE: Sign \_\_\_\_\_ Date .....

CHECKLIST	DATE	INITIAL
Register application into TRIM 32.00017 and Property File	.....	.....
Register application into exemption register	.....	.....
Advise applicant issue approval	.....	.....
Register applicant approval into TRIM 32.00017 and Property File	.....	.....

**APPLICATION COMPLETED**

Name of Staff Member: .....

Signature:

Date: .....

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.