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|--|---|--|
| If you need help lodging your form, contact us | | |
| Email | council@northernbeaches.nsw.gov.au | |
| Phone | 1300 434 434 | |
| Customer Service Centres | Manly Townhall, 1 Belgrave Street Manly NSW 2095 | Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 |
| | Mona Vale 1 Park Street Mona Vale NSW 2103 | Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107 |

| | |
|------------------------|----------|
| Office use only | |
| Form ID | 4055 |
| TRIM Ref | C000966 |
| Last Updated | May 2020 |
| Business Unit | T&CI |
| Application No. | |
| Receipt No. | |

Part 1: Property Details

| | | |
|--|----------------------|----------|
| House No. | Street | Postcode |
| Suburb | Nearest cross street | |
| Lot | DP/SP | Section |
| Description of works | Cost of Works | |
| Approved by Council or PCA, insert no. | DA/CDC No. | |

Part 2: Bond Type

| No | Type | No | Type | No | Type |
|----|--|----|--|----|----------------------------------|
| 1 | Access Over Council Reserves Bond | 7 | Other Engineering Works Bond | 13 | Subdivision Bond |
| 2 | Demolition Bond | 8 | Property Lease Bond | 14 | Working on Council Reserves Bond |
| 3 | Feral Animal Trap Bond | 9 | Retention Bond | 15 | Outdoor Dining |
| 4 | Keys for Access to Council Properties Bond | 10 | Road Damage Bond (please pay inspection fee) | 16 | Park Access |
| 5 | Maintenance Bond | 11 | Silt & Sedimentation Bond | 17 | Open Spaces |
| 6 | Maintenance Environmental Works Bond | 12 | Stormwater Bond | | |

| Type | Bond Ref. No (as per consent/permit) | Amount | Type | Bond Ref. No (as per consent/permit) | Amount |
|------|--------------------------------------|--------|------|--------------------------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

Part 3: Refund Information

Refund of DA/CDC bonds will require the issue of a Final Occupation Certificate

| | | |
|---|---------------------------------|------------------------------|
| Please tick the preferred method of bond refund | <input type="checkbox"/> Cheque | <input type="checkbox"/> EFT |
| Account Name | | |
| BSB Number | - | Account Number |

Refer to your Consent/Permit for further information and conditions of work. Ensure all payments including inspection fees are paid prior to the commencement of works, see councils fee & charges page on website. Failure to meet all conditions of your Consent/Permit may result in part or all of your bond not being refunded. See your consent for information regarding refund.

Part 4: Bond Depositor/Payee Details

Please note the payee is the source of funds and refunds will only be made to the payee. Details of the payee will be noted on Council's Official Receipt.

| | | |
|-----------------------------|--------|----------|
| Are you the property owner? | Yes | No |
| Full Name | | |
| Street | | |
| Suburb | State | Postcode |
| Home Ph | Mobile | |
| Email | | |
| Signed | | Date |

| | Condition Before Work | Condition After Work | |
|---|-----------------------|----------------------|--|
| Roadway | | | |
| Kerb & Gutter | | | |
| Footpath/Nature strip | | | |
| Parks pathways and other infrastructure | | | |
| Landscaping | | | |
| Other | | | |
| Inspected by | | Date | |
| Details | | | |
| | | | |
| | | | |
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| | | | |
|----------------------|----|------|--|
| Final Inspection by | | Date | |
| Refunded | \$ | Date | |
| Held for restoration | \$ | Date | |
| Remarks | | | |
| | | | |
| | | | |
| | | | |
| Signed | | | |

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ACCORDING TO PROCEDURES**

| | | | |
|---------------------|----------------------------------|----------------------------|--|
| Credit Card Details | | | |
| Please charge my | <input type="radio"/> Mastercard | <input type="radio"/> Visa | <input type="radio"/> American Express |
| Amount | \$ | | |

| | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name as appears on card | | | | | | | | | | | | | | | |
| Card Number | | | | | | | | | | | | | | | |
| Expiry Date | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Signature | | | | | | | | | | | | | | |
| Daytime Phone Number | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | |

Please note: All credit card payments are subject to a 0.7% service fee

| | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | | | | | | |
| Application No. | | | | | | | | | | | | | | |

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