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|--|--|--|------------------------|------------------------------|
| If you need help lodging your form, contact us | | Office use only | | |
| Email | council@northernbeaches.nsw.gov.au | Form ID | 4030 | |
| Phone | 1300 434 434 | TRIM Container | C001517 | |
| Customer Service Centres | Manly Town Hall, 1 Belgrave Street Manly NSW 2095 | Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 | Last Updated | June 2021 |
| | Mona Vale 1 Park Street Mona Vale NSW 2103 | Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107 | Business Unit | Environment & Climate Change |
| | | | Application No. | FIR20 |
| | | | Receipt No. | |

| | |
|-------------------------------|---|
| Privacy Protection Notice | |
| Purpose of collection: | For Council to provide services to the community |
| Intended recipients: | Northern Beaches Council staff |
| Supply: | If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek |
| Access/Correction: | Please contact Customer Service on 1300 434 434 to access or correct your personal information |

Basic Report

Suitable for flat blocks where the same flood levels apply to the whole block (eg where flooding is backwatering from a lagoon). Only the maximum level is provided for the whole block.

| | |
|---|---|
| Contents (subject to availability) | <ul style="list-style-type: none"> Maximum Flood Planning Level Maximum water level, depth and velocity for the property - 1% AEP (1 in 100 year) flood and Probable Maximum Flood (PMF) Flood Risk Precinct Map Flood Extent Mapping - 1% AEP flood and PMF Hydraulic Category Mapping - 1% AEP flood Flood Life Hazard Category Mapping - PMF |
|---|---|

Comprehensive Report

Suitable for sloping blocks subject to flooding from creeks or other overland flow such that the flood levels vary across the block. Levels are provided at multiple points across the block, and if requested, can be provided at chosen locations.

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| Contents (subject to availability) | <p>In addition to the contents of the basic Flood Information Report, a Comprehensive Report will also include the following:</p> <ul style="list-style-type: none"> Maximum water level, Flood Planning Level, depth and velocity for multiple points across the property - 1% AEP flood, PMF, 5% AEP flood and 1% AEP flood including impacts of climate change Indicative ground surface spot heights, based on Airborne Laser Scanning |
|---|--|

Further details are available in the [Flood Study Reports](#) on Council's website.

[Flood Risk Precinct Mapping](#) is available on Council's website.

If you are not sure if the block is flood affected or which report you require, please contact Council's Flood Team on floodplain@northernbeaches.nsw.gov.au or 1300 434 434

Part 1: Type of Report

(Please tick)

| | | | |
|-----------------------|--|-------------------------------|--|
| Basic (Fee: \$113.00) | | Comprehensive (Fee: \$257.00) | |
|-----------------------|--|-------------------------------|--|

Part 2: Applicant's Details

| | | | |
|---|--|-----------|----------|
| Title | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other: | | |
| First Name | | | |
| Last Name | | | |
| Contact Person (during business hours) | | | |
| Address | | | Postcode |
| | | | |
| Phone | | Alternate | |
| Mobile | | Fax | |
| Email | | | |

Part 3: Site Details

| | | | |
|---------------------|--|----------|--|
| Unit / House Number | | | |
| Street | | | |
| Suburb | | Postcode | |

Part 4: Application Requirements

| Preparation of Development Application | Yes | No |
|---|-----|----|
| Proposed work and location on block (a site plan/diagram can be attached) | | |
| | | |
| | | |

Please email the completed form to Council at council@northernbeaches.nsw.gov.au

Note that Flood Information Reports can alternatively be applied for online.

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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 | \$ | | |

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| Name as appears on card | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | | | | |
| Daytime Phone Number | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | |

Please note: Payment card surcharge of 0.5% applies

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

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