



OFFICE USE ONLY

Registration No: Date:

Classification*: High Medium Low (*Requires RMP)

LODGEMENT OF APPLICATION

Council: Monday-Friday, 8:00am-4:30pm
Auburn Service Centre - 1 Susan Street, Auburn NSW 2144
Merrylands Service Centre - 16 Memorial Avenue, Merrylands NSW 2160

Mail: The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160

Email: council@cumberland.nsw.gov.au

1. Site Details

Type of System: Cooling Water System Warm Water System

Address where the systems are installed:

Street No: Street Name:

Suburb: Postcode:

On-Site Contact Person (to facilitate site access/inspections):

Contact Name:

Phone Number: Mobile No:

Email Address:

Emergency contact (afterhours) number:

Air Conditioning/Mechanical Services Technician for Site:

Company Name: ABN:

Phone Number: Email:

2. Notification Type

New System Installed – *Is a copy of the risk assessment attached?* Yes

Change in Occupier or System Details

System Decommissioned – *Is a copy of the decommissioning report attached?* Yes

3. System Details & Location

Number of System/s on site:

Location of System Within Site	No. of Units/Towers in System	System Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Postal Address (for service of notices/orders/invoices/etc.)				
Postal Address:	Unit no:	<input type="text"/>	Street no:	<input type="text"/>
	Street Name:	<input type="text"/>		
	Suburb:	<input type="text"/>	Postcode:	<input type="text"/>

5. Main Occupier Details				
<i>NOTE: The Occupier is the company/person who owns or exclusively occupies the premises. If the Occupier has appointed a duly qualified person to manage the system on their behalf, then their details must also be provided (complete Section 6 below as well).</i>				
Occupier's Name:	<input type="text"/>			
Occupiers ABN/ACN:	<input type="text"/>			
Home Phone Number:	<input type="text"/>	Mobile No:	<input type="text"/>	
Business Number:	<input type="text"/>			
Email Address:	<input type="text"/>			
Residential Address:	Unit no:	<input type="text"/>	House no:	<input type="text"/>
	Street:	<input type="text"/>		
	Suburb:	<input type="text"/>	Postcode:	<input type="text"/>

6. Duly Qualified Person (DQP)			
<i>NOTE: The Duly Qualified Person is a person or company appointed to manage the system on a routine basis.</i>			
<input type="checkbox"/>	Same as above – go to Section 7	<input type="checkbox"/>	Different to above – fill in details below:
Person/Company Name^:	<input type="text"/>		
<i>^Must be a sole trader or a corporation name (e.g. XYZ Pty. Ltd.)</i>			
ABN/ACN:	<input type="text"/>	Phone No:	<input type="text"/>
Email Address:	<input type="text"/>		

7. Applicant Authority			
I hereby notify Cumberland City Council of the above information and declare the information provided to be correct.			
Applicant's Signature:	<input type="text"/>	Date:	<input type="text"/>
Applicant's Name:	<input type="text"/>	Position:	<input type="text"/>

8. Privacy			
The personal information that you have provided in this form is for Council purposes only.			