



FEE \$471.00
GST exempt
1/7/20 - 30/6/21
Form No. FN04v15

FAR NORTH PRESCRIBED WELLS AREA
APPLICATION FOR VARIATION OF LICENCE

Pursuant to Section 124 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

1. APPLICANT DETAILS

Name(s) in full: _____

(Name(s) in full of licence holder(s) as it appears on the licence)

If Body Corporate: ACN: _____

Licence No: _____

Contact postal address: _____

Contact Name: _____

Telephone No: _____ Email: _____

Mobile: _____ Fax: _____

2. ADD / REMOVE LAND PARCEL(S)

(Please write details in the table below)

Title Reference Volume and Folio number	Allotment Number	Plan Number	Section	Hundred	Add / Remove (please specify)

COMMENTS

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				

3. ADD / REMOVE UNDERGROUND WATER SOURCE(S)

(Please write details in the table below)

Well Number	Meter Number	Title Reference Volume and Folio number	Add / Remove (please specify)

COMMENTS

4. VARY WATER ALLOCATION(S)

(Please write details in the table below)

Increase Allocation by (kL)	Increase Allocation due to recharge credit (kL)	Resulting Total Allocation (kL)	Well Number	Purpose

COMMENTS

5. DRAINAGE OR DISCHARGE APPROVAL DETAILS

Environment Protection Act 1993 authorisation number(s) and details:

Landscape South Australia Act 2019 permit number(s) and details:

6. VARIATION(S) TO CONDITION(S)

Please provide detail(s) below

7. NATIVE TITLE CLAIM

Is any of the land of this application subject to a native title claim (if known)? (Please tick as appropriate)

YES NO UNKNOWN

If YES please provide details and/or copies of relevant documentation.

8. GAB SPRING

Is any of the land of this application located near a GAB spring? (Please tick as appropriate)

YES NO UNKNOWN

If YES please provide details.

9. ANY OTHER VARIATION

Please provide detail(s) below

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 10: SIGNATURE OF THE APPLICANT

NOTE: Each applicant must complete ONE (only) of the following alternatives

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

1. Where the applicant is an individual or two or more persons

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:
(print name of company or incorporated association)

3. Where the applicant is a company or an incorporated association and the seal is affixed:

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	Date
Signature	
Print Name	
Position held	Date

Return application and payment to:
Department for Environment and Water
GPO Box 1047
ADELAIDE SA 5001

Make cheques or money orders payable to:
Department for Environment and Water

For credit card payments or other payment options, please telephone:
(08) 8463 6876

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000