



APPLICATION TO ISSUE AN EASEMENT

Pursuant to Section 28 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE

\$425.00

DATE RECEIVED

/ /

GENERAL INFORMATION

1. This form is to be used to apply for an easement. For further information refer to: www.environment.sa.gov.au/managing-natural-resources/land-management/Crown_land
2. BEFORE lodgement of your application, you should consider other available options such as purchasing the land. Where another option is available, an easement may not be granted.
3. Please use 'BLOCK' letters if you are filling this form in by hand.
4. This form must be signed personally by the applicant(s).
5. For information about how to obtain land details see: <http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property>
5. If approved, it is the applicant's responsibility to lodge a plan showing the location of the easement with the Lands Services Group. The cost of preparing this plan will be the applicant's responsibility, along with any additional fees which may be incurred.
7. Payment – Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. For credit card payments by MasterCard or Visa please contact your local natural resources office.

LAND DETAILS

SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE (PREFIX CT/CL/CR)	VOLUME NO.	FOLIO NO.
CROWN LANDS TENEMENT ID (LICENCE NUMBER) IF APPLICABLE		

LODGED ON BEHALF OF APPLICANT

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)	
LEGAL/BUSINESS NAME (IF APPLICABLE)	
PHONE AND/OR MOBILE	EMAIL

APPLICANT DETAILS

If there are further applicants please complete and submit Annexure A with this form.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)		DATE OF BIRTH
LEGAL/BUSINESS/COUNCIL NAME (IF APPLICABLE)		
ABN	ACN	
STREET ADDRESS		
POSTAL ADDRESS		
TOWN/SUBURB	STATE	POSTCODE
PHONE AND/OR MOBILE	EMAIL	

LAND HOLDER DETAILS

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)		DATE OF BIRTH
LEGAL/BUSINESS/COUNCIL NAME (IF APPLICABLE)		
ABN	ACN	
STREET ADDRESS		
POSTAL ADDRESS		
TOWN/SUBURB	STATE	POSTCODE
PHONE AND/OR MOBILE	EMAIL	

PURPOSE OF EASEMENT

PROPOSED PURPOSE (I.E. WATER SUPPLY, DRAINAGE, ACCESS)

If applicable pursuant to schedule 6 of the *Real Property Act (1886)*, is this easement short or long form?

Short Long Other ( please attach details)

Does the land owner below own adjoining land? Yes No

If yes, please provide detail:

TITLE REFERENCE (PREFIX CT/CL)	VOLUME NO.	FOLIO NO.
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CONVEYANCER OR SOLICITOR

Please provide the details of the conveyancer or solicitor managing this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)	
LEGAL/BUSINESS NAME (IF APPLICABLE)	
PHONE NUMBER	EMAIL

ACKNOWLEDGEMENT

APPLICANT

I/We accept liability for any amount owing to the Department for Environment and Water in respect to the subject land. I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF APPLICANT	DATE
APPLICANT NAME (PRINT)	

LODGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office:

GPO Box 1047
Adelaide SA 5001
Phone: (08) 8204 1218
DEW.CrownLandsEnquiries@sa.gov.au