



**APPLICATION TO ISSUE A LEASE OVER DEDICATED LAND**

*Pursuant to Section 22 of the Crown Land Management Act (2009)*

**For Office Use Only**

APPLICATION NO.  
RECEIPT NO.

AMOUNT DUE **\$454.00**

DATE RECEIVED / /

**GENERAL INFORMATION**

1. This form is to be used to apply for issuing a lease over dedicated land. Local councils should refer to section 22(5) of the *Crown Land Management Act (2009)* for further information. Please contact your local Crown Lands Program Office for clarification.
2. Native Title rights continue to exist on many parcels of dedicated land. Development on land where Native Title rights exist may affect those rights and the custodian may be liable for compensation under the *Native Title Act (1993)* and *Crown Land Management Act (2009)*.
3. Please note the lease must be consistent with purpose of dedication.
4. Please use 'BLOCK' letters if you are filling this form in by hand.
5. This form must be signed personally by the applicant(s).
6. 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>
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 Crown Lands Program Office.

**LAND DETAILS**

SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE <b>CR</b>	VOLUME NO.	FOLIO NO.

Provide details of the intended purpose and proposed term of the lease:

LEASE PURPOSE	PROPOSED TERM
LEASE START DATE	LEASE FINISH DATE

Please attach draft copy of the lease (if available).

**FIXTURES/IMPROVEMENTS**


Please list any fixtures or improvements currently on the land and ownership:

FIXTURES AND IMPROVEMENTS	OWNERSHIP


If there is insufficient space above, please provide these details on an A4 page and attach to this form.

## LAND HISTORY

Is there any relevant history regarding use of the subject land?      Yes      No

 If yes, please attach any relevant documentation i.e. a copy of previous lease agreement.

## APPLICANT DETAILS

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

### APPLICANT (CUSTODIAN OF THE LAND)

CONTACT NAME (FIRST & SURNAME IN FULL)		
LEGAL/BUSINESS/COUNCIL NAME		
ABN	ACN	
STREET ADDRESS		
POSTAL ADDRESS		
TOWN/SUBURB	STATE	POSTCODE
PHONE AND/OR MOBILE	EMAIL	

### LESSEE

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

## ACKNOWLEDGEMENT

I/We have the authority to complete this application on behalf of:

LEGAL/BUSINESS/COUNCIL NAME (IF APPLICABLE)
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I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF APPLICANT	DATE
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APPLICANT NAME (PRINT)
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## 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](mailto:DEW.CrownLandsEnquiries@sa.gov.au)