



APPLICATION FOR A LICENCE OVER CROWN LAND

Pursuant to Section 46 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.	AMOUNT DUE	\$463.00
RECEIPT NO.	DATE RECEIVED	/ /

GENERAL INFORMATION

- This form is to be used to apply for a Crown land licence. For further information refer to: <https://www.environment.sa.gov.au/topics/crown-land>
- If you plan to develop the land, you should consider whether purchasing the land is an option.
NOTE: not available for waterfront licences.
- A licence does not grant an exclusive right to the land and members of the public cannot be excluded from licensed Crown land.
- Please use 'BLOCK' letters if you are filling this form in by hand.
- This form must be signed personally by the applicant(s).
- 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>
- Additional fees associated with the preparation and lodgement of a development application to council may apply.
Payment - Please note application fees are not refundable.
- Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. You will be contacted by phone for credit card payments by MasterCard or Visa.

LAND DETAILS OF CROWN LAND

SECTION/ALLOTMENT	PLAN	HUNDRED
TITLE REFERENCE (PREFIX CR/CL)	VOLUME NO.	FOLIO NO.

If the license applicant owns adjoining land, please provide details of the land which this licence is to be associated with (if applicable).

TITLE REFERENCE (PREFIX CT/CL/LEASE NO.)	VOLUME NO.	FOLIO NO.
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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 Annexure A of this form.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)	DATE OF BIRTH
LEGAL/BUSINESS NAME (IF APPLICABLE)	
ABN	ACN
STREET ADDRESS	
POSTAL ADDRESS	

TOWN/SUBURB	STATE	POSTCODE
PHONE AND/OR MOBILE	EMAIL	

APPLICATION DETAIL

PROPOSED PURPOSE (I.E. PUMP & PIPELINE)

If you are wishing to develop the land, is a copy of your development application attached? Yes No
If no, please attach any detail in support of your application i.e. evidence that a development application is not required by local council, plans of the proposal and the land area affected.

If yes, does the application involve development of a new structure, repair or relocation of an existing structure on river frontage?
 Yes No

ACKNOWLEDGEMENT

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.CrownLands@sa.gov.au

If you have additional applicants please **complete Annexure A below.**

ANNEXURE A - ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX	LANDOWNER	TRANSFEEE	TRANSFEROR	MORTGAGEE/LESSEE	LESSOR
FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)			DATE OF BIRTH		
LEGAL/BUSINESS NAME (IF APPLICABLE)					
ABN			ACN		
STREET ADDRESS					
POSTAL ADDRESS					
TOWN/SUBURB		STATE		POSTCODE	
PHONE AND/OR MOBILE			EMAIL		

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT	DATE

APPLICANT 3 – TICK RELEVANT BOX

LANDOWNER

TRANSFeree

TRANSFEROR

MORTGAGEE/Lessee

LESSOR

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)

APPLICANT 4 – TICK RELEVANT BOX

LANDOWNER

TRANSFeree

TRANSFEROR

MORTGAGEE/Lessee

LESSOR

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)