



**APPLICATION BY ADJOINING LAND OWNER
TO PURCHASE CROWN LAND**

Pursuant to Section 25 1(a) of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE **\$463.00**

DATE RECEIVED / /

GENERAL INFORMATION

1. This form is to be used to apply to purchase Crown land, when the applicant is the adjoining land holder.
2. Pursuant to the *Crown Land Management Act 2009*, Crown land may be disposed of to the owner of adjacent land if the Crown land is merged with the adjacent land.
3. For information about how to obtain land details see:
<http://www.sa.gov.au/topics/planning-and-property/buying-and-selling/researching-a-property>
4. Please use 'BLOCK' letters if you are filling this form in by hand.
5. If your application is successful you will need to lodge a plan of amalgamation with the Land Services SA and pay associated fees.
6. If purchased the tenancy of the purchased Crown land will be the same as the current adjoining title.
7. This form must be signed personally by the applicant(s).
8. Payment – 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.

CROWN LAND DETAILS

SECTION/ALLOTMENT

PLAN

HUNDRED

TITLE REFERENCE

CR

VOLUME NO.

FOLIO NO.

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 NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

ADJOINING LAND DETAILS

Land details of the applicant's land (the land adjoining the Crown land):

TITLE REFERENCE (PREFIX CT/CL)

VOLUME NO.

FOLIO NO.

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

EMAIL

ACKNOWLEDGEMENT

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