

# Quality Management – City Assets

QMF-CA-073

## Application for Road Reserve Clearance Certificate



**COMPLETE AND LODGE THIS FORM AT:**  
Administration Building - Customer Service  
86 Avoca Road, Wakeley NSW 2176  
OR Email: [mail@fairfieldcity.nsw.gov.au](mailto:mail@fairfieldcity.nsw.gov.au)

CODE:

13	DA - Residential - \$304.00
14	DA - Industrial/Commercial - \$606.00

CRM No: \_\_\_\_\_

### PROPERTY DETAILS (where the work has been carried out)

House No.	Street	Suburb	Postcode

### APPLICANT/OWNER DETAILS (where the correspondence will be sent)

Name: Mr / Mrs / Ms / Miss / Other	Contact No:
	Email:
Address:	

### CONTRACTOR/BUILDER DETAILS (mandatory)

Company:	Contact No:
Name:	Email:
Licence No.:	
Address:	

### DEVELOPMENT DETAILS

☐

Approved DA

/

(provide DA number)

Please tick one of the following:

☐

Residential

☐

Industrial

☐

Commercial

### DESCRIPTION OF BUILDING WORKS


### I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND COUNCIL'S TERMS AND CONDITIONS FOR THE ISSUE OF ROAD RESERVE CLEARANCE CERTIFICATE AND AGREE TO COMPLY AND BE BOUND BY THE FOLLOWING CONDITIONS:

1. If the inspection by Council reveals that works needed to be carried out or unsatisfactory works at the site which do not conform to Council specifications and designs, the applicant will be responsible to undertake the required works within the allocated time frame at the applicant's expense. If the works are not completed within the given time frame, Council may undertake the repairs at Council fees & charges and charge the applicant for the repair/restoration works.
2. If works are required or unsatisfactory and more than one inspection is required, a further fee is required for each subsequent inspection. Additional fees shall be paid prior to each inspection taking place.
3. Please allow ten (10) business days for this application to be processed.
4. If this form is lodged without payment, applicants will be contacted for phone payment.

**OWNERS SIGNATURE (mandatory):** .....

**CONTRACTOR/BUILDER SIGNATURE:** .....

**DATE:** .....

**DATE:** .....

CODE: \_\_\_\_\_

For DA Inspection Fee: \_\_\_\_\_

OFFICE  
USE  
ONLY

DATE:

RECEIPT NO: