

**CHAPMANS CREEK INTAKE PRESCRIBED WATERCOURSE
APPLICATION FOR A WATER LICENCE***Pursuant to Section 122 of the Landscape South Australia Act 2019*

A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

Please complete Sections 1 to 5 below.

If there is insufficient space on this form, please indicate the total number of additional pages attached:

1. APPLICANT DETAILS

Name(s) in full _____

(The name(s) given above must be legal entities, as these will be the name(s) that will appear on a licence if this application is approved. If applying as a trustee please state the name of the trust.)

If Body Corporate: ACN _____

Contact postal address: _____

Contact Name: _____

Telephone No: _____ Email: _____

Mobile: _____

2. WATER ALLOCATION DETAILS

Where will the water allocation you propose to be endorsed on the licence be obtained?

2.1 A water allocation sought from the Minister for Climate, Environment and Water:

Complete the rest of the application. Write N/A (not applicable) in those sections that are not relevant.

3. DETAILS OF THE WATERCOURSE WATER ALLOCATION SOUGHT

(Please write details in the table below)

Prescribed Resource	Water Allocation Requested Volume (KI)	Purpose	Title Reference Volume and Folio number extraction point
Chapmans Creek			

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
Date Received: _____				
Amount Paid: \$ _____				
Area: _____				

4. PROPERTY MAPS

Please attach a detailed map showing the points of extraction from Chapmans Creek.

You may be required to provide additional information before your application can be determined. If further information is required you will be advised.

Please note that this application does not relieve the applicant from obtaining all other necessary approvals for the taking and use of water.

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION

Please be aware that it is an offence to provide information on this form that is false or misleading.

SECTION 5: SIGNATURE OF THE APPLICANT

NOTE: Each applicant must complete **ONE** (only) of the following alternatives

I/We declare that the information that has been provided on this application is true and correct.

Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

1. Where the applicant is an individual or two or more persons

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:
(print name of company or incorporated association)

3. Where the applicant is a company or an incorporated association and the seal is affixed:

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held		Date
Signature		
Print Name		
Position held		Date

Return application and payment to:
Department for Environment and Water
GPO Box 1047
ADELAIDE SA 5001

Make cheques or money orders payable to:
Department for Environment and Water

**For credit card payments or other payment options, please
telephone:** (08) 8463 6876

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000

Email address: DEWwaterlicensing@sa.gov.au