

Cooling Towers Premises Registration

Public Health Act 2010, Public Health Regulations 2022, and Local Government Act 1993

OFFICE USE ONLY	
Reference No.	

About this form

Use this form to register Cooling Tower system(s) or to make changes to registration for an existing Cooling Tower system(s) at a regulated premise.

Proposal (choose One Only)

□ New Business	□ New Proprietor	□ Change of Tradir	ng Name 🛛 Other	
Applicant deta	ils			
Title:	□ Mr	□ Mrs	□ Ms	□ Other

First Name:				Family	Name:			
Trading Nam	ne (if applicable):							
Company Na	ame (if applicable):						
ABN/ACN (if	applicable):							
Mailing Addr	ess:							
Suburb:				State	e:	Post Code:		
Email Addres	SS:							
Daytime Tele	ephone No. (Hom	e/Work):		Мо	bile No:			
Property I	Details							
Lot No(s):			Section:		DP/SP Number:			
Unit No:			Street No:		Street Name:			
Suburb:						Post Code:		
Business	trading name	premises	details					
Business/Tra	ading Name:							
ABN/ACN:								
Company Co	ontact Name:							
Mailing Addr	ess:							
Suburb:				State	e:	Post Code:		
Email Addres	ss:							
CM reference: 24	4/161759 Last updated:	06/06/2024						1/3
Postal address PO Box 21, Rock ABN 80 690 785 443		Rockdale Library	mer Service Cer /, 444-446 Princes rary, Westfield Eas	Highway, Rockda	ale Innerong Road, Eastga	T 1300	w.bayside.nsw.gov.au) 581 299	

Daytime Telephone No. (Home/Wo	rk):	Mobile No:	
Development Consent or Co	omplying Developme	nent Certificate Details	
□ Development Application:			
Development Consent:			
Cooling System Details			
Common System	□ Single System		
Water cooling system location on si	te		
Water Cooling System Identification	n Model		
Number of Water-Cooling Systems	on Site (Cells)		
24 Hrs Contact Name			
24 Hrs Contact Phone Number			

Fees		Application Code
Registration Fee for new Regulated premises or change of ownership details	\$69.00	RC 15050

Supporting Documentation

		Applica	ant Use	Office Use	
	Yes	No	Exempt	Yes	No
1. Development or Consent Documentation					

Declaration

- I declare that the information given is true and correct.
- I understand that if incomplete, the application may be returned to me, delayed, rejected or more information may be requested within 21 days of lodgement.

 Applicant's Signature
 Date
 /

How to lodge this application

You can lodge your completed application form and any required supporting documents:

CM reference: 24/161759 | Last updated: 06/06/2024

In person

At any of Council's Customer Service Centres:

• Rockdale Customer Service Centre: 444-446 Princes Highway, Rockdale NSW 2216

Date

• Eastgardens Customer Service Centre: Westfield Eastgardens, 152 Bunnerong Road, Eastgardens NSW 2036

By mail

Post to Bayside Council: PO Box 21, Rockdale NSW 2216 with payment via cheque or money order (do not send cash)

By email

By email to council@bayside.nsw.gov.au.

Do not include credit or debit card details on your application. If lodged via email, a Council Customer Service Officer will phone to organise a secure over the phone payment using a credit card.

Payment is preferred by cheque, money order, debit or credit cards (Visa and Mastercard). Payments made using a credit card will incur a service fee of 0.5%

Privacy notification

Completion of this document is voluntary - partially completed applications may result in refusal of the application. The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Act 1998 and may be available to the public under various legislation

OFFICE USE ONLY

Receipt No

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