



Description of Form

This form is used by domestic waterfront licence holders with an approved berthing area seeking consent to sublicense the berthing area to a third party.

Note: All applications are considered on their own merits. No guarantee will be given as to the outcome of any application under the provisions of the Crown Land Act 1989.

Contact Us

For more information, please contact us at:

Department of Industry - Lands
PO Box 2155
DANGAR NSW 2309

T: 1300 886 235 (option 3 and option 1)

F: 02 4925 3517

E: waterfront.tenures@crowmland.nsw.gov.au

W: www.crowmland.nsw.gov.au

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Industry, Skills and Regional Development and will be used for purposes related to this application. NSW Department of Industry, Skills and Regional Development will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Industry, Skills and Regional Development website at www.industry.nsw.gov.au/legal/privacy

Applicant details

| | | | | | |
|----------------|--|--------|---------|----------|--|
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | | | | |
| First Name | | | Surname | | |
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: | | | | |
| First Name | | | Surname | | |
| Home address | | | | | |
| Postal address | | | | | |
| Email address | | | | | |
| Home telephone | | Work | | Mobile | |
| Licence No. | | Lot/DP | | Locality | |

Agreement details

- I/ we apply for authorisation to sublicense my/ our approved berthing area adjoining my freehold property.
- I/ we have attached a completed berthing area occupancy agreement, completed deed poll and provided a diagram or accurate sketch of the berthing area.
- If the jetty is shared with another party, I/ we have obtained agreement to sublicense.
- I/ we acknowledge if approved, the terms of my domestic waterfront licence agreement will be varied to authorise sublicensing of the approved berthing area.
- I/ we acknowledge I /we will be invoiced for the application fee should my application be successful.

Signature of applicant

(and party/s to shared structure – if relevant)

| | | | |
|-----------|--|------|--|
| Name | | | |
| Signature | | Date | |
| Name | | | |
| Signature | | Date | |

Supporting documentation checklist

- Attach a completed berthing area occupancy agreement
- Attach a completed deed poll
- Attach a diagram or accurate sketch of the berthing area.

Lodgement

→ Mail to Department of Industry - Lands, PO Box 2215 DANGAR NSW 2309

→ Email to waterfront.tenures@crowland.nsw.gov.au

| | | | | | |
|--|---------------|----------------|-----------------|----------------|----------|
| Office use only – Refer to the Receipting and Referrals Codes Document | | | | | |
| <input type="checkbox"/> BCN | Referral Code | BCDLI | Receipting Code | RTEA | TRIM DOC |
| Fee Paid | | Receipt Number | | Account number | |
| Date | | | | | |