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| **Request for a Weed Inspection and Report**  **(incl. Subdivision Clearance Certificate.)** | Logo |

The purpose of this inspection is to assess the status of Priority weed management on the property/lots listed below and to ensure your General Biosecurity duty has been discharged under the *Biosecurity Act 2015*. A Subdivision Clearance Certificate will only be issued once satisfactory control of Priority weeds has been undertaken. Please ensure all control works have been completed before Contacting Council’s Biosecurity team to arrange an inspection of the Property.

**THIS CERTIFICATE IS VALID FOR 6 MONTHS ONLY**

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| Applicant / Owner | | | |
| Name/s | | | Phone (AH) |
| Postal Address | | | Phone (BH) |
| Town | State | Postcode | Mobile |
| Email | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Land/Property | | | | | | | |
| No | | Street | | | | Town | |
| Lot | Section | | DP | Lot | Section | | DP |
| Property/Assessment Number: | | | | | | | |

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| Application Information |
| DA Number: |
| Subdivision Certificate number: |

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| Consent of All Owners | |
| I/We the undersigned hereby request an inspection of the above property.  I/We understand that an inspection fee will be charged in accordance with Council’s Schedule of Fees and Charges. | |
| Signature | Date |
| Signature | Date |

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| Application Information (Office use only) | | |
| Fee Paid: $330 | Date: | Receipt: |
| Weeds Inspection Report | Receipt type # 384 |  |

For further information or assistance on completing this form please contact Council:

PO Box 714 COOMA NSW 2630 | 1300 345 345 | council@snowymonaro.nsw.gov.au | [www.snowymonaro.nsw.gov.au](http://www.snowymonaro.nsw.gov.au/)

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| 250.2018.484.4 | Issue Date: 21/09/2022 | Revision Date: 21/09/2025 | Page 1 of 1 |