Government of South Australia
Department for Environment and Water

APPLICATION TO AMEND A LICENCE

Pursuant to Section 50 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE **$543.00**

DATE RECEIVED / /

GENERAL INFORMATION

1. This form is to be used to apply for an amendment to a Crown licence.
2. Please use 'BLOCK' letters if you are filling this form in by hand.
3. This form must be signed personally by the applicant(s).
4. For information about how to obtain land details see: http://www.sa.gov.au/topics/housing-property-and-land/property-and-place-information/researching-a-property
5. Additional fees associated with the preparation and lodgement of a development application to council may apply.
6. Payment - Please note application fees are not refundable. The Department for Environment and Water is unable to take payments over the phone via credit card after 8 November 2026. Application fees will be invoiced from December 2026.

LICENSED LAND DETAILS (CROWN LAND)

CROWN LANDS LICENCE NUMBER (PREFIX OL/RL/IL/NL/BL)

SECTION/ALLOTMENT | PLAN | HUNDRED

TITLE REFERENCE (PREFIX CR/CL/LEASE NO.) | VOLUME NO. | FOLIO NO.

If the licensee owns adjoining land, please provide details of the land which this licence is to be associated with.

TITLE REFERENCE (PREFIX CT/CL/LEASE NO.) | VOLUME NO. | FOLIO NO.

LODGED ON BEHALF OF APPLICANT

Complete this section if you are lodging the application on behalf of another party and wish to remain as the contact person for this transaction.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

LEGAL/BUSINESS NAME (IF APPLICABLE)

PHONE AND/OR MOBILE | EMAIL

APPLICANT DETAILS

If there are further applicants please complete Annexure A of this form.

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND/OR MOBILE | EMAIL

AMENDMENT DETAIL

HOW IS THE LICENCE TO BE AMENDED?

If you are wishing to develop the land, is a copy of your development application attached? ☐ Yes ☐ No

If no, please attach any detail in support of your application i.e. evidence that a development application is not required by local council, plans of the proposal and the land area affected.

If yes, does the application involve development of a new structure, repair or relocation of an existing structure on river frontage?

☐ Yes ☐ No

ACKNOWLEDGEMENT and INVOICE DETAILS

I/We declare the particulars supplied on this application form to be true and correct.

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)

The invoice for the application fee should be emailed to

LODGEMENT INFORMATION

Please return the completed form to the Crown Lands Program Office:

GPO Box 1047
Adelaide SA 5001
Phone: (08) 8372 7529
DEW.CrownLandsapplications@sa.gov.au

If you have additional applicants please complete *Annexure A* below.

ANNEXURE A - ADDITIONAL APPLICANTS

APPLICANT 2 - TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND/OR MOBILE | EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT | DATE

APPLICANT NAME (PRINT)

APPLICANT 3 – TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL) | DATE OF BIRTH

LEGAL/BUSINESS NAME (IF APPLICABLE)

ABN | ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB | STATE | POSTCODE

PHONE AND/OR MOBILE | EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT | DATE

APPLICANT NAME (PRINT)

APPLICANT 4 – TICK RELEVANT BOX ☐ **LANDOWNER** ☐ **TRANSFEREE** ☐ **TRANSFEROR** ☐ **MORTGAGEE/LESSEE** ☐ **LESSOR**

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)	DATE OF BIRTH
LEGAL/BUSINESS NAME (IF APPLICABLE)	
ABN	ACN
STREET ADDRESS	
POSTAL ADDRESS	
TOWN/SUBURB	STATE / POSTCODE
PHONE AND/OR MOBILE	EMAIL

I declare the particulars supplied on the attached application form to be true and correct.

SIGNATURE OF APPLICANT	DATE
APPLICANT NAME (PRINT)	