



**For Office Use Only**

APPLICATION NO.
RECEIPT NO.

AMOUNT DUE	<b>\$543.00</b>
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DATE RECEIVED	/	/
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**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. Cheques should be made payable to Department for Environment and Water and marked 'Not Negotiable'. You will be contacted by phone for credit card payments by MasterCard or Visa.

**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

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

SIGNATURE OF APPLICANT

DATE

APPLICANT NAME (PRINT)

## 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](mailto: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**
     
  **TRANSFEEE**
     
  **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**
     
  **TRANSFEEE**
     
  **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**

**TRANSFEEE**

**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)