



APPLICATION TO ISSUE A LEASE OVER DEDICATED LAND

Pursuant to Section 22 of the Crown Land Management Act (2009)

For Office Use Only

APPLICATION NO.

RECEIPT NO.

AMOUNT DUE

\$495.00

DATE RECEIVED

/ /

GENERAL INFORMATION

1. This form is to be used to apply for issuing a lease over dedicated land. Local councils should refer to section 22(5) of the *Crown Land Management Act (2009)* for further information. Please contact your local Crown Lands Program Office for clarification.
2. Native Title rights continue to exist on many parcels of dedicated land. Development on land where Native Title rights exist may affect those rights and the custodian may be liable for compensation under the *Native Title Act (1993)* and *Crown Land Management Act (2009)*.
3. Please note the lease must be consistent with purpose of dedication.
4. Please use 'BLOCK' letters if you are filling this form in by hand.
5. This form must be signed personally by the applicant(s).
6. 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>
7. Payment - 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.

LAND DETAILS

SECTION/ALLOTMENT

PLAN

HUNDRED

TITLE REFERENCE

CR

VOLUME NO.

FOLIO NO.

Provide details of the intended purpose and proposed term of the lease:

LEASE PURPOSE

PROPOSED TERM

LEASE START DATE

LEASE FINISH DATE

Please attach draft copy of the lease (if available).

FIXTURES/IMPROVEMENTS

Please list any fixtures or improvements currently on the land and ownership:

FIXTURES AND IMPROVEMENTS

OWNERSHIP

If there is insufficient space above, please provide these details on an A4 page and attach to this form.

LAND HISTORY

Is there any relevant history regarding use of the subject land? Yes No

 If yes, please attach any relevant documentation i.e. a copy of previous lease agreement.

APPLICANT DETAILS

 If there are further applicants please complete and submit Annexure A with this form.

APPLICANT (CUSTODIAN OF THE LAND)

CONTACT NAME (FIRST & SURNAME IN FULL)

LEGAL/BUSINESS/COUNCIL NAME

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

LESSEE

FULL NAME (FIRST, MIDDLE & SURNAME IN FULL)

LEGAL/BUSINESS/COUNCIL NAME (IF APPLICABLE)

ABN

ACN

STREET ADDRESS

POSTAL ADDRESS

TOWN/SUBURB

STATE

POSTCODE

PHONE AND/OR MOBILE

EMAIL

ACKNOWLEDGEMENT

I/We have the authority to complete this application on behalf of:

LEGAL/BUSINESS/COUNCIL NAME (IF APPLICABLE)

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) 8429 7680

DEW.CrownLands@sa.gov.au