

1990 – No. 226

PUBLIC HEALTH ACT 1902 - REGULATION

(Relating to the form of application for a declaration
as to whether land is unhealthy building land)

NEW SOUTH WALES



[Published in Gazette No. 51 of 20 April 1990]

HIS Excellency the Governor, with the advice of the Executive Council, and in pursuance of the Public Health Act 1902, has been pleased to make the Regulation set forth hereunder.

PETER COLLINS
Minister for Health.

The Public Health Regulations are amended by omitting Schedule 24A and by inserting instead the following Schedule:

SCHEDULE 24A (Regulation 103A)

PUBLIC HEALTH ACT 1902
Property Information Inquiry Form

PROPERTY INFORMATION INQUIRY FORM IMPORTANT * SEE THE INFORMATION SHEET FOR DETAILS OF REQUIREMENTS * COMPLETE ALL PARTS AS REQUESTED * INSUFFICIENT INFORMATION MAY RESULT IN THE RETURN OF THE FORM					OFFICE USE ONLY					
					RECEIVED	RECEIPT No.				
SECTION 1 TO :					COMPLETE THIS BOX ONLY IF LODGING WITH AN AUTHORITY DIRECT					
AUTHORITY'S FULL NAME & ADDRESS (Responses will be returned to this address)					CHEQUE HEREWITH \$ OR \$ DUTY STAMP \$ HERE TICK THE APPROPRIATE BOX(ES) FOR CERTIFICATE INFORMATION NEEDED (see information sheet for details) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ITEM A</td> <td>ITEM B</td> <td>ITEM C</td> <td>ITEM D</td> </tr> </table> FOR AMOUNT PAYABLE ONLY IF ONE OF THE FOLLOWING AGENCIES * EDUCATION DEPARTMENT * HEALTH DEPARTMENT * LAND TAX DIVISION * ROADS AND TRAFFIC AUTHORITY OF NSW		ITEM A	ITEM B	ITEM C	ITEM D
ITEM A	ITEM B	ITEM C	ITEM D							
FROM :					APPLICANT'S REFERENCE					
LINE 1	CITY/MUNICIPALITY/SHERE		PARISH		COUNTY					
LINE 2	LOCALITY (Suburb/Town/Village/District)		HOUSE No	STREET NAME						
LINE 3	NEAREST CROSS STREET(S)		SIDE OF STREET	STREET DIRECTOR NAME & EDITION		MAP No				
LINE 4	FRONTAGE (Metres)	DEPTH (Metres)	AREA (sq M OR ha)	NATURE of PROPERTY (vacant Land/House/Factory/Units/Farm/V/Residence/etc)						
LEGAL DESCRIPTIONS (Complete the APPROPRIATE line(s) in full to enable identification of the property)										
LINE 5	LOT No	DEPOSITED PLAN No (DP No)		SECTION No (if applicable)		PREVIOUS PORTION No (if Rural)				
LINE 6	PORTION No					SECTION No (if Applicable)				
LINE 7	ALLOTMENT No	SECTION No		TOWN/VILLAGES/ESTATE NAME						
LINE 8	LOT No	STRATA PLAN No		LOT No (of Common Property)		D P No (of Common Property)				
LINE 9	FOLIO IDENTIFIER VOLUME / FOLIO		OR	OLD SYSTEM DEED No		OR				
LINE 10	COUNCIL ASSESSED VALUER GENERAL No		OR	WATER BOARD REF No		OTHER eg Crown Tenure NO (INDICATE)				
LINE 11	SUBDIVIDER'S NAME		STREET NAME (Before Subdivision)		TOWN CLERK'S No COUNCIL ASSESSED VALUER GENERAL'S No (Indicate Which)					
LINE 12	LOT No	PORTION No	DP No	SECTION No	AREA & / or DIMENSIONS					
LINE 13	REGISTERED PROPRIETOR'S FULL NAME & ADDRESS					OCCUPIER'S NAME (Applicable)				
LINE 14	VENDOR'S FULL NAME & ADDRESS if Same as Reg'd Prop. Write 'As Above'					PURCHASE PRICE \$				
LINE 15	PURCHASER'S FULL NAME & ADDRESS									
APPLICANT'S SIGNATURE		ACTING FOR (Vendor, Mortgagee etc)		DATE	PHONE No	PURPOSE FOR WHICH INFORMATION REQUIRED				

(Reverse of form)

SECTION 3 – SKETCH	
Caution : Non-completion of this section may delay response. Please show sufficient detail to identify property location, including north point. Show the position of the property in relation to nearby streets and indicate distance to nearest street or cross street.	
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	

EXPLANATORY NOTE

The object of this Regulation is to amend the Public Health Regulations so as to substitute the form of application for a certificate (under section 55E of the Public Health Act 1902) as to whether specified land is subject to a declaration (under section 55 of that Act) to the effect that the land, or any part of it, is unhealthy building land.
