

		WARNING: Folded or Mutilated Plans will not be accepted. Plans may be rolled. Information may not be placed in the outer margins.						
(Dealing No.)		5. Lodged by						
	(Include address, phone number, reference, and Lodger Code)							
ı. Certificate of Registered Owners or Lessees.		6. Existing			Created			
I/We		Reference	scription	New Lots	Road	Secondary Interes	sts	
		Lot 904 d	on SP281218	121–147	New Rd	Covenants A-L		
		MORTGAGE ALLOCATIONS						
		Mortgage Lots Fully Encumber			bered Lots Partially Encumbered			
(Names in full)			1 12	I - 147			•	
*as Registered Owners of this land agree to this plan ar Land as shown hereon in accordance with Section 50 of								
*as Lessees of this land agree to this plan.								
Signature of *Registered Owners *Lessees		EXISTING ADMINISTRATIVE ADVICE ALLOCATIONS Administrative Advice Lots to be Encumbered						
			istrative Adv 711837668	vice Lots	121—147			
		Easement A on SP187499 (713239781) to						
		be fully absorbed by new road.						
* Rule out whichever is inapplicable								
2. Planning Body Approval.								
* hereby approved this plan in goografines with the								
hereby approves this plan in accordance with the :								
		121–147	Lot 716 CP CC36	on I certify th	nat :	Plans only. al to determine, no pa	1	
		Lots	Orig	of the buil		this plan encroaches		
		7. Orig Grant Allocation :		* Part of	* Part of the building shown on this plan encroaches onto adjoining * lots and road			
Dated this day of		8. Map Reference : 9442-41223		Cadostral **delete wa	Cadastral Surveyor/Director* Date **delete words not required*			
		9. Parish:			13. Lodgement Fees :			
······ #		BRAS	BRASSALL			Survey Deposit \$		
#		10. County:	Lodger		\$			
* Insert the name of the Planning Pody		Chur	Ne	ew Titles copy	\$ \$			
* Insert the name of the Planning Body.		III. Passed & Endors	п. Passed & Endorsed:			\$		
3.Plans with Community Management Statement :	4. References:	By: Wolter Consulting Group Pty Ltd Date: Signed:		ty Ltd TOTAL		\$		
CMS Number :	Dept File : Local Govt :			14. Insert	OD C	001010		
Name :	Surveyor: SBI530/6	Designation :	Liaison Office	r Plan Number	SP	281219		



REINSTATEMENT REPORT

