

Environmentally relevant activity

Environmental authority surrender application

Council of the City of Gold Coast
ABN 84 858 548 460
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Licensee details			
Only the licensee (environmental authority holder) may cancel or surrender the environmental authority. Provide licensee details.			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email
Surrender details			
Provide details of the environmental authority you wish to surrender.			
Approval type	<input type="checkbox"/> Environmental authority (fixed) <input type="checkbox"/> Environmental authority (mobile) <input type="checkbox"/> Environmental authority (temporary)		
Approval reference			
Reason for surrender	<input type="checkbox"/> Business has ceased operating <input type="checkbox"/> Business has relocated <input type="checkbox"/> Business has changed ownership <input type="checkbox"/> Activity has changed and environmental authority is no longer required		
Surrender date	/ /		
Is any part of the land currently or previously recorded in the environmental management register (EMR)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Has a site management plan been approved for the land?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Is the environmental authority subject to any of the following statutory requirements under the <i>Environmental Protection Act 1994</i> ?	<input type="checkbox"/> Transitional environmental program <input type="checkbox"/> Environmental protection order <input type="checkbox"/> Environmental evaluation <input type="checkbox"/> Prosecution proceedings <input type="checkbox"/> Other requirements		

Details of statutory requirements		
Had all environmentally relevant activities (ERAs) nominated within this environmental authority commenced operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of ERAs that have not yet commenced		

Fees
No fees are required for this application.

Declaration
This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.
I understand and verify that: <ul style="list-style-type: none"> ▪ I am duly authorised to make this application ▪ The statements and information provided are accurate, true and complete ▪ I have received all relevant third party consents and authorisations ▪ It is an offence to knowingly provide false or misleading information ▪ Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant one (person or organisation)			
Licensee name			
Signature		Signatory name	
Date		Position/role	
Additional applicant (if required)			
Licensee name			
Signature		Signatory name	
Date		Position/role	

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Office use only			
Date received		Fee paid	
Received by		Receipt number	