



Land (Planning and Environment) Act 1991 - Form 5

Application for the Grant of a Further Crown Lease

When should you use the application to apply for a further lease?

The form is required to apply for a further Crown Lease for land within the ACT either for the same term as the original lease or for an additional term.

Privacy Notice:

The personal information on this form is being collected to enable processing of your application. The information that you provide may be disclosed to the ACT Revenue Office and the Registrar-General's Office. The information may be accessed by ACTEW Corporation and commercial organisations interested in building information.

Part 1: Lease/Site details

Block	<input type="text"/>		
Section	<input type="text"/>		
Unit (if applicable)	<input type="text"/>		
Suburb	<input type="text"/>		
District	<input type="text"/>		
Street Number	<input type="text"/>	Street Name	<input type="text"/>

Part 2: Applicant details

Surname	<input type="text"/>		
First Name	<input type="text"/>		
Company name	<input type="text"/>		
Australian Company Number (ACN)	<input type="text"/>		
If a company, position held within the company	<input type="text"/>		
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
Phone Number (business hours)	<input type="text"/>		
Fax Number	<input type="text"/>		
Email	<input type="text"/>		

OFFICE USE ONLY

Fees

Date received

Receipt number

Receiving officer

Part 3: Lessee (Owner) details

1st Lessee's details

Office Use	Surname		
	First Name		
Init	Company name		
	Australian Company Number (ACN)		
	If a company, position held within the company		
	Postal Address		
	Suburb		
	State/Territory		Postcode
	Phone Number (business hours)		
	Fax Number		
	Email		

* Lessee must sign Part 5 of the application form.

2nd Lessee's details

Office Use	Surname		
	First Name		
Init	Company name		
	Australian Company Number (ACN)		
	If a company, position held within the company		
	Postal Address		
	Suburb		
	State/Territory		Postcode
	Phone Number (business hours)		
	Fax Number		
	Email		

* Lessee must sign Part 5 of the application form.

Form of words used in attestation/signing legal documents (e.g. The Common Seal of was hereto affixed in the presence of.....)

• All lessees must sign authorising the lodgement, and in doing so give authority to the applicant to negotiate any dealings with the application through to its determination by the relevant authority, or a Power of Attorney must be attached. If there are more than two lessees, please ensure that details and authorisation are attached to the application for each lessee.

• If the lessee is a registered company, organisation or government agency you must execute this application in the proper manner for that company, organisation or government agency. For example, if the lessee is a community organisation, the full name of the community organisation must be stated and the signatory must identify what position of authority he/she holds in the organisation.

• Any application made over a site which has been Unit Titled will require approval in accordance with the articles of association for the Units plan.

Part 4: Summary Information

Type of lease the applicant is seeking

Non-Rural

Commercial Residential Industrial Unit Title Other

Number of years: 99 years Same as original term Other (specify)

Rural (lease to accord with current policies)

Type of lease the applicant is seeking

Long term Short term

Please nominate the form of payment:

Lump sum Partial lump sum plus 30 years for remainder 30 year payout

Number of approved dwellings on site

Does the purpose clause of your lease allow for agistment?

If **Yes** how many horses do you agist?

Please Note: The grant of a further crown lease for rural purposes is subject to conditions.

Part 5: Applicant's & Lessee's declaration

I/we the undersigned, hereby apply for the grant of a Further Crown Lease as specified in this application;

I/we hereby authorise ACT Planning and Land Authority Officers to access the subject property(s) for the purpose of evaluating the proposal;

I/We understand that the requirements set out in this form are a minimum only and that additional information may be requested during processing;
and

I/we declare that all the information given on this form and its attachments is true and complete.

CONFLICT OF INTEREST DECLARATION: Does the applicant or lessee have any association with ACT Planning and Land Authority staff?

No Yes

If yes, please provide details: _____

Applicant's Signature(s)

Date

1st Lessee's Signature(s)

Date

2nd Lessee's Signature(s)

Date

Contact Details:

ACT Planning and Land Authority

Customer Service Centre

GPO Box 1908, Canberra City 2601

16 Challis Street, Dickson ACT 2602

Business Hours: 8.30am to 4.30pm weekdays

Phone: (02) 6207 1923 Fax: (02) 6207 1925 TTY: (02) 6207 2622

Email: actpla.customer.services@act.gov.au

Website: www.actpla.act.gov.au
