

# Street Address & Sub-Address Application



Effective 1 July 2023 to 30 June 2024

## ABOUT THIS FORM

Use this form to seek a change to a property address.

Please note the following:

- Council is the responsible authority for street address & sub-address numbering. Australia Post and other public authorities will not deliver mail to an unauthorised address
- Street, sub-address numbering and re-numbering will not be undertaken for cultural, social, religious or superstitious reasons
- Street and Sub-Addresses numbering must be kept in a consecutive order
- The street number must be displayed at the premises and mail boxes clearly labelled with the address number & sub-address (if applicable)
- New Proposals for Street & Sub-Address numbering must comply with Council's Street Address Numbering and Re-numbering Policy and Randwick Development Control Plan (DCP) available on Council's website, as well as the NSW Address Policy and User Manual.

## APPLICANT DETAILS

Date of Application: \_\_\_\_\_

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Other: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Company Name/  
Contact: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone No(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

## CURRENT PROPERTY/LOCATION DESCRIPTION & TITLE OF PROPERTY

Unit/Shop or Suite: \_\_\_\_\_ Street No: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Nearest cross street: \_\_\_\_\_

Lot & Strata/Deposited Plan Number(s): \_\_\_\_\_

Owner's Name: Surname (or Company): \_\_\_\_\_

Given Name: \_\_\_\_\_

## GET IN CONTACT

Randwick City Council  
30 Frances Street  
Randwick NSW 2031  
ABN: 77 362 844 121

Phone 1300 722 542  
council@randwick.nsw.gov.au  
www.randwick.nsw.gov.au

## REASON FOR CHANGE OF ADDRESS

(Please tick the appropriate reason)

- ☐ Consolidation of Lots                      ☐ Subdivision of Lots                      ☐ A new development
- ☐ approved change of street frontages (e.g. corner lots, entrance and mail box change)
- ☐ Other (please specify): .....

Please provide a brief description of your change of address/sub-address application:

.....

.....

.....

.....

Is your change of address application associated with an approved DA or CDC?      ☐ Yes      ☐ No

If yes, what is the DA/CDC number(s): .....

Is an update or change of address a condition of your approved DA or CDC?      ☐ Yes      ☐ No

If yes, what condition number(s): .....

## SITE MAP

Please provide a map of the site indicating the main pedestrian access point(s), building(s) on the land, alternate access points (including driveways, secondary entrances etc), positions of mail boxes and street name(s). This can be provided in the space below or as an attachment to your application.



## OWNER'S CONSENT

NB: SINGLE/JOINT OWNERSHIP: All named owners must sign (if more than one owner, every owner must sign).  
STRATA TITLED PROPERTY: The strata secretary must sign the form and attach the strata seal.  
COMPANY/BUSINESS OWNED PROPERTY: The director/s or company secretary must sign the form and attach the company seal or provide a signed company letterhead with the ABN included giving consent to this application.

- I hereby consent to the submission of this application and to a representative of Council entering the site for the purpose of a site inspection, and
- For Council to make copies of all documents for the purpose of determining the application or to provide copies to persons who may be affected by the proposal.

Signature: .....

Name: ..... Date: .....

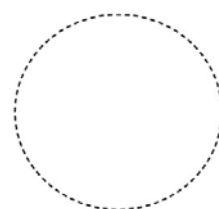
Signature: .....

Name: ..... Date: .....

Company/Strata Corp: .....

Position: .....

ABN: .....



AFFIX COMMON SEAL

## DECLARATION

I have read, understood and accept Council's change of street address and sub-address application requirements.  
I declare that all the information given is true and correct. I also understand that:

- If incomplete, the application may be delayed or rejected, and
- More information may be requested after the date of lodgement, and
- A processing fee must be paid.
- If your application is incomplete, it will not be accepted and will be returned to you with your cheque/money order OR may result in the application being delayed or rejected.

Signature: .....

Name: ..... Date: .....

## HOW TO LODGE THIS APPLICATION

- **BY BPOINT payment:** Please put receipt number on Page 1 of this form and email application to [council@randwick.nsw.gov.au](mailto:council@randwick.nsw.gov.au)  
To make a BPOINT payment with your credit card visit [www.bpoint.com.au](http://www.bpoint.com.au) and quote Biller Code: 1432392
- **BY MAIL** with a cheque attached.  
Address the Application to:  
Randwick City Council  
30 Frances Street  
RANDWICK NSW 2031
- **COURIER OR PERSONAL DELIVERY TO OUR CUSTOMER SERVICE CENTRE:**  
Randwick City Council  
30 Frances Street  
RANDWICK NSW 2031  
Open 8.30am – 5pm (Monday to Friday)
- **OVER THE COUNTER** at Council with payment made via cash, cheque, credit card or EFTPOS

## FEES

Application fees are in accordance with Council's Fees and Charges Policy. To avoid delays at lodgement, please contact us to obtain a fee quote prior to lodging your application.

Fees may be paid by cash, cheque, MasterCard, Visa, American Express, Diners & EFTPOS. Do not send cash in the mail.

Make cheques payable to Randwick City Council.

If lodging multiple applications, a separate payment must be made for each application.

FEE TYPE	RECEIPT CODE	NUMBER OF ADDRESSES	FEE	GST
Change or Issue of Street & Sub Address(es) Application Fee (based on number of addresses to be modified/created)	RC594	1 – 10	\$300 per application	N/A
	RC594	11 – 40	\$450 per application	N/A
	RC594	40+	\$600 per application	N/A

## PRIVACY NOTIFICATION

The purpose of collection of this information is for processing of your application. Provision of this information is voluntary and is required to help process your application. You are entitled to have access to this form to correct or amend it after you have given it to Council. This form will be stored electronically in Council's electronic document management system. Access to this information is restricted to Council officers. Members of the public will not be provided with access to the personal details contained on this form.

## OFFICE USE ONLY

Application/Request received by: .....

Date: .....

Referred to: .....

Date: .....

Issued/Completed by: .....

Completed Date: .....

Receipt No: .....

Date: .....

Fee: \$ .....