



**ACCESS PERMIT TO ENTER/WORK OVER THE  
PRIVATELY OWNED SEABED OF SYLVANIA WATERWAYS LIMITED**

**No equipment must enter or physical work be undertaken in or over our waters without this official permit endorsed by a Director of Sylvania Waterways Limited.**

CONTRACTOR: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
PROPERTY (WORK SITE): \_\_\_\_\_  
DESCRIPTION OF WORK TO BE CONDUCTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR DETAILS: Licences:  
Public Liability Insurance: Company: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Workers Compensation: Company: \_\_\_\_\_ Policy No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Workcover safe work method statement: to be attached.

**PROCEDURE/PROCESSING: 3 stages**

1) Sylvania Waterways Limited approval in principle Yes  No   
2) Comments/Reason \_\_\_\_\_  
\_\_\_\_\_

3) Sutherland Shire Council D.A/Process/Fees

Approval D.A. number: \_\_\_\_\_ ( copy to be attached).  
Comments \_\_\_\_\_  
\_\_\_\_\_

4) Access work dates: from: \_\_\_\_\_ To \_\_\_\_\_

Special comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINAL PERMIT APPROVAL NUMBER:**

Director/Authorised Representative: NAME \_\_\_\_\_ COMPANY \_\_\_\_\_ DATE: \_\_\_\_\_