

## Preliminary Examination service DP Lodgment To be completed by Lodging Party (who is responsible for invoice payment)

| LODGED BY:   |                                    |                        | Date:   | / /             |  |
|--|------------------------------------|------------------------|---|-----------------|--|
| LPN:<br>WARNING: Invoice will issue to Lodging Party entered in this panel and<br>PAYABLE on day of issue.   |                                    |                        |   |                 |  |
| Postal address or  |                                    |                        | Surveyor'   | Surveyor's Name |  |
| NSW LRS Doc. Collection Box No.  |                                    |                        |   |                 |  |
| Contact name:<br>Email:  |                                    |                        | PPN:  | YES / NO        |  |
| LP Reference:  |                                    |                        |   |                 |  |
| Telephone:   |                                    |                        |   |                 |  |
| Mobile:  |                                    |                        |   |                 |  |
| PLAN LODGMENT FEES Effectiv  | ve from 1 July 2022 subject to ann | ual review             | Rate  | Fee             |  |
| Plan Purpose:  |                                    | and<br><b>\$357.</b> 3 | <b>30</b> (incl. GST)<br><b>30</b> (incl GST)<br>ch lot after the |                 |  |
|  |                                    |                        | t   |                 |  |
| No. of sheets:   |                                    |                        |   |                 |  |
|  |                                    |                        |   |                 |  |
| <ul> <li>SEC 88B Instrument</li> <li>No. of Part 1 items to be created:</li> <li>No. of Dart 10 items to be released;</li> </ul>   | =items                             |                        |   |                 |  |
| No. of Part 1A items to be released: Building Management Statement   | yes / no                           |                        |   |                 |  |
|  |                                    |                        |   | \$              |  |
| ACCOMPANYING DOCUMENTS       Other (give details):         Administration Sheets       No. of Sheets         Letter/s  |                                    |                        |   |                 |  |
| TITLE SYSTEM       I Torrens Title       Old System       I Crown Land         Title References - please list all Title References affected by the plan       Current Title Reference/s       I Crown Land |                                    |                        |   |                 |  |
|  |                                    |                        |   |                 |  |