

Registration No.: _____ (ANIM/EQUI) (*office use only*)

Keeping of Horses and Equine Premises Local Laws

Schedule 2

Application For Variation of Registration of Equine Premises

* Please allow 10 business days processing time

FEES - To be paid upon application

NOTE: Fee increase may apply on 1 July each financial year.

VARIATION FEE: \$146 (no GST) (*fee type 232*)

I (full name of applicant): _____

Of (address of applicant): _____ Post Code: _____

Email: _____ Phone: Home: _____ Mobile: _____

Apply for variation of Registration of the equine premises situated at:

Applicant's Signature: _____ Date: _____

Owner's Name and Address

Name of owner: _____

Address of owner: _____ Post Code: _____

Email: _____ Phone: Home: _____ Mobile: _____

Details of Alterations/Variations: (if applicable)

1. Structural alterations (please specify): _____

2. Increase/decrease maximum permitted number of horses from _____ to _____

3. Other changes (please specify)

Owner to Read and Sign this Declaration

I, the owner of the proposed Equine Premises do confirm that the above applicant holds a contractual lease over the property. I consent to this application and I understand my legal obligations to comply with the *City of Kwinana Health (Keeping of Horses and Equine Premises) Local Laws 1997*.

Owner's Signature: _____ Date: _____

This application is to be submitted with a site plan and all details required in Sections 3, 5 & 7 of these Local Laws.