



2025/2026 APPLICATION FOR A PERMIT UNDERTAKE ACTIVITIES ON A WATERWAY (SAND OR GRAVEL EXTRACTION)

Water Act 1989 (Sections 160, 219 and 287ZC)
 Pursuant to By-Law 4, Waterways Protection 2014

OFFICE USE ONLY: GB CMA Reference Number: _____

| | | | |
|-------------------|--|--|--|
| Attention: | Works on Waterways Coordinator | 168 Welsford Street SHEPPARTON VIC 3630 | TAX INVOICE ABN 89 184 039 725 |
| Application Date: | Goulburn Broken Catchment Management Authority | PO Box 1752 SHEPPARTON VIC 3632 | planning@gbcma.vic.gov.au www.gbcma.vic.gov.au |
|/...../..... | | | |

Before completing this application, please ensure you read the [Guidelines for Applying for a Works on Waterways Permit](#) and the specific notes for [Sand and Gravel Extraction](#). These documents are also available from our website www.gbcma.vic.gov.au or via the following link: [Works on Waterways - GB CMA - Goulburn Broken CMA](#).

If you need assistance to complete this form, please do not hesitate to contact our office on 03 5822 7700.

This application cannot be assessed unless all required information has been provided. The applicant must:

- provide a copy of the Register Search Statement – including details of the Registered Proprietor and copy of Title Plan.
- provide a regional /locality map.
- ensure that the indemnity clause (on page 2) is signed by the landowner or authorised person.
- supply relevant payment information

Lodgement of applications by email is preferred. Email to: planning@gbcma.vic.gov.au

1. APPLICANT DETAILS¹: May be a person representing the owner

| | | | | | |
|-------------------------------|---------|-------|-----------|----------|--|
| Title: | | Name: | | Surname: | |
| Company Name: (if applicable) | | | | | |
| Contact Phone: | Mobile: | | Business: | | |
| Address: | | | | | |
| Email: | | | | | |

2. NAME OF LANDOWNER: Landowner or authorised person if land is managed by an organisation, or the owner of the works that are sited on Crown Land. Note: the permit will be issued to this person.

| | | | | |
|-------------------------------|---------|--|-----------|--|
| Mr/Mrs/Ms: (please circle) | Name: | | Surname: | |
| Company Name: (if applicable) | | | | |
| Contact Phone: | Mobile: | | Business: | |
| Address: | | | | |
| Email: | | | | |

¹ **Privacy Notice:** The personal information on this form is being collected by the Goulburn Broken Catchment Management Authority for the purpose of processing your request for flood advice and information. Any personal information about you or a third party in your correspondence will be protected under the *Privacy and Data Protection Act 2014*. It will only be used or disclosed to appropriate Ministerial, Statutory Authority, Government Department, or authority staff in regard to the purpose for which it was provided, unless required or authorised by law. Enquiries about access to information about you held by the GB CMA should be directed to the Privacy Officer. Goulburn Broken CMA, PO Box 1752, Shepparton VIC 3632.

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3. INDEMNITY CLAUSE *(If not signed, this form will be returned for completion)*

This indemnity must be signed by the landowner of the property, or if an organisation, someone authorised to do so. Where works are sited on Crown land, the owner of the works must sign the indemnity, which is usually the adjoining landowner of the property to the Crown land.

I acknowledge that the Goulburn Broken Catchment Management Authority may issue a permit for the construction of works on a waterway but that the Goulburn Broken Catchment Management Authority shall not be responsible for any claims, suits or actions, arising from injury, loss, damage or death, to any person or property which may arise from the construction, maintenance, existence or use of the works.

I hereby indemnify the Goulburn Broken Catchment Management Authority and its officers against all claims, suits or actions arising from injury, loss, damage or death, to any person or property which may arise from the construction, maintenance, existence or use of the works described in this application.

| | | | |
|-------------------------|--|-------|--|
| Signed: | | Date: | |
| Print name in CAPITALS: | | | |

4. PAYMENT DETAILS

To GOULBURN BROKEN CATCHMENT MANAGEMENT AUTHORITY regarding my payment of \$471.00 (GST Exempt) for lodgement of a works on waterways licence application.

This is made up from a base fee of \$202.00 (1.5 charge units), with the typical expected additional fee of 2 charge units of \$269.00 to cover processing, assessment, and on-site inspection costs. Note that additional fees may be sought to cover additional hours if incurred. Any unspent funds will be returned. A record of time spent will be provided upon completion. Further information on fees can be found in the [Waterways Protection By-law No. 4](#)

| | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Fee \$471.00 (GST Exempt) | <input type="checkbox"/> Payment waived as per advice from Goulburn Broken CMA. | |
| PAYMENT METHOD: | | |
| <input type="checkbox"/> Please charge my credit card | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
| Card Number: | / | / |
| Expiry date: | / | CCV: |
| Cardholders name: | | |
| Address: | | |
| | State: | Postcode: |
| Signature of cardholder: | | |

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8. GENERAL DESCRIPTION OF SITE WHERE THE EXTRACTION ACTIVITIES ARE PROPOSED

8.1 Waterway Dimensions

How wide is the waterway?

Distance between top of waterway banks.....metres

Distance across waterway bed..... metres

How deep is the channel waterway?

Height to top of waterway bank above waterway bed level looking downstream:

Left bank:metres Right bank:metres

Please sketch the waterway cross section showing the above dimensions

8.2 Describe any erosion and vegetation details

Is there evidence of erosion in the bed and/or banks of the waterway?

Please tick box: Yes No

Please comment

a). Bed:

b). Banks:

c). Surrounds:

8.3 Describe the soil type of the bed and banks

BED of the waterway: Please tick appropriate box

Clay Soil Sand Gravel Rock

Other (Please Specify):

BANKS of the waterway: Please tick appropriate box

Clay Soil Sand Gravel Rock

Other (Please Specify):

8.4 Describe the type and extent of existing vegetation on the beds and banks of the waterway at the proposed works or activities site.

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9. NATIVE VEGETATION REMOVAL

If native vegetation is proposed to be removed as part of the works or activities, please provide the following:

- Type of vegetation to be removed, including species, size (age/diameter etc) and location in relation to proposed crossing:

Have you considered other alternative work sites to minimise native tree removal?

Please Tick Box: Yes No

If **NO**, please explain

reason.....

10. FLOOD INFORMATION

Please provide details about any known flood level information or history about flood behaviour at the proposed site:

11. DETAILS OF OTHER NEARBY INFRASTRUCTURE

Is there a bridge, dam, jetty, diversion point or other instream structure within 100 metres of the proposed extraction site? Please tick box: Yes No

If yes, please provide details:

12. CULTURAL HERITAGE MANAGEMENT PLAN

Some ground disturbing activities may require the preparation of a Cultural Heritage Management Plan (CHMP) by a suitably qualified Heritage Advisor. It is your responsibility to determine whether or not a CHMP is required. For further information please contact Aboriginal Victoria at [Cultural Heritage Management Plans](#) or by telephone (03) 9208 3333.

Is a Cultural Heritage Management Plan (CHMP) required for the proposed works? YES NO

If No, a copy of a due diligence report/checklist is submitted with this Works on Waterways Licence application? YES NO

If Yes, a copy of the CHMP is attached to this Works on Waterways Licence application? YES NO

PLEASE NOTE: If a Cultural Heritage Management Plan (CHMP) is required, then the CHMP must be approved prior to the issue of other permits and licences. The approved CHMP must be attached to your Works on Waterways Licence application. Licence applications for works requiring a CHMP will not be processed by the CMA until an approved CHMP is received.