

2026/2027 APPLICATION FOR A PERMIT TO CONSTRUCT WORKS ON A WATERWAY (ACCESS CROSSING)



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
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Before completing this application, please ensure you read the [Guidelines for Applying for a Works on Waterways Permit](#) and the specific notes for the proposed works type that you wish to undertake. These documents are 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:				

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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 \$490.00 (GST Exempt) for lodgement of a works on waterways licence application.

This is made up from a base fee of \$210.00 (1.5 charge units), with the typical expected additional fee of 2 charge units of \$280.00 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](#)

☐ Standard \$490.00 (GST Exempt)		☐ Payment waived as per advice from Goulburn Broken CMA	
PAYMENT METHOD:			
☐ Please charge my credit card		☐ Mastercard	☐ Visa
Card Number:		/	
Expiry date:		/	
		CCV:	
Cardholders name:			
Address:			
	State:		Postcode:
Signature of cardholder:			

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5. WATERWAY DETAILS

Name of
Waterway:

6. PROPERTY DESCRIPTION WHERE THE ACCESS CROSSING IS PROPOSED

Regional and Locality Plans **MUST** be supplied with this application

Property Address (i.e., 3 Kurrajong Court, Homeview)	Must include ONE of the following: (refer to the Property Title)	
	Crown Allotment and Parish Details (i.e., CA 12, Section D, Parish of Homeview)	OR Lot Number and Plan of Subdivision or Lodge Plan Number (i.e., Lot 4 of PS144333 or LP144333)

Is the access crossing on Private land or Crown land? Please tick box: ☐ Private land ☐ Crown land

If you ticked Crown Land, permission to occupy the site and construct the works will be needed from DELWP. Please provide written evidence of permission.

A copy of the Register Search Statement (including details of the Registered Proprietor and copy of Title Plan) MUST be provided with this application.

7. GENERAL DESCRIPTION OF THE PROPOSED ACCESS CROSSING LOCATION:

7.1 Proposed use, description, and cost of works

Proposed use:

Brief description of works:

Estimated cost of works: \$

7.2 Waterway Dimensions at the proposed access crossing location:

How wide is the waterway?

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

Distance across waterway bed metres

How deep is the channel of the waterway?

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

Left bank..... metres

Right bank: metres

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7.3 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:

7.4 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):

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

8. 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.....

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9. CROSSING DETAILS: (please complete relevant section only)

9.1 Bridge Crossing – refer to [Guidance Notes- Bridge Crossing](#)

Total Length.....metres

Bridge Width..... metres

Number of Spans: Please Tick Box: ☐ Single Span ☐ Two Spans ☐ Three Spans ☐ Four Spans

Other.....

Proposed Material: Please tick those that is appropriate

☐ Concrete ☐ Steel ☐ Timber ☐ Other (please specify)

Height of bridge deck above waterway bed level.....metres

Height of underside of bridge beams above waterway bed level.....metres

9.2 Pipe and Box Culvert Crossing – refer to [Guidance Note - Culvert](#)

Proposed Culvert Dimensions:

Culvert Type: Please Tick Box: ☐ Box Culvert ☐ Pipe Culvert

Size of box or pipe diameter.....metres

Number of lengths of culverts to be used.....

Total Length of culvert crossing (measured from upstream to downstream)metres

Number of parallel culverts.....

Height of crossing above waterway bed level..... metres

Proposed Material: Please Tick those that is appropriate:

☐ Concrete ☐ Steel ☐ Timber ☐ Other (please specify)

9.3 Ford Crossing (or low-level stream crossing culvert defined as one-fifth of waterways height) – refer to [Guidance Note - Ford](#)

Proposed Culvert Dimensions (if applicable):

Low flow culvert proposed? Please Tick Box: ☐ No ☐ Pipe Culvert ☐ Box Culvert

Size of box or pipe diameter:.....metres

Number of lengths of culverts to be used in series:.....

Total Length of culvert crossing (measured from upstream to downstream):.....metres

Number of culverts placed in parallel:.....

Width of Ford:.....metres Length of Ford:.....metres

Height of crossing above waterway bed level:.....metres

Proposed Material: Please Tick those that is appropriate:

☐ Concrete ☐ Steel ☐ Timber ☐ Other (please specify):.....

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10. FLOOD INFORMATION

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

Description:

11. DETAILS OF OTHER KNOWN EXISTING ACCESS CROSSINGS WITHIN THE IMMEDIATE LOCALITY

Describe the location and dimensions of any bridges, culverts, fords, or roads *etc*, upstream and downstream of the proposed site, *e.g.*, bridge span and height, culvert diameter, etc.

Description:

12. DRAWINGS OF THE PROPOSED ACCESS CROSSING:

On a separate sheet of paper, please provide drawings of waterway dimensions and floodplain at the proposed access crossing site showing the following:

- Sketch of the waterway showing the dimensions **(In Plan view and in Cross Section)**
- Alignment of the access crossing
- Dimensions of the proposed access crossing
- Any access ramps across the floodplain and any road/tracks

Please also provide photographs of the site – both upstream and downstream views.

13. 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.