



Q246910 NR
 11 Dec 2024 15:50:03 Midland




Notification

Approved form 2017-98207 Reg 3 of the Transfer of Land Regulations 2004
 The information in this form is collected under statutory authority and used for the purpose of maintaining publicly searchable registers and indexes.

Jurisdiction

State of Western Australia

Legislation

Transfer of Land Act 1893

Lodging party details

Name *Woodhouse SATT*
 Address *PO Box 2173*
MIDLAND WA 6436
 Issuing box
 Phone *9252 2956*
 Fax
 Email *888v*
 Reference

Preparer details

Name Scanlan Surveys
 Phone 08 9250 2261
 Reference 8948/24

Notification details

Act Transfer of Land Act 1893
 Section 70A
 Factor affecting use or enjoyment of land A reticulated sewerage service is not available to the lot(s). As such, an on-site secondary treatment and disposal system for sewage will be required. Therefore, the developable area of the lot is reduced. There are ongoing landowner obligations to ensure that the treatment and disposal system is regularly maintained in accordance with relevant health regulations. Contact the local government for further information.

Land / Interest

Title(volume-folio)	Extent	Land description	Interest
	Whole	LOT 224 ON DEPOSITED PLAN 428041	FEE SIMPLE

Registered proprietor(s)(Land)

SOPHIE MICHALA HARRINGTON OF 1072 BERNARD STREET MOUNT HELENA WA 6082
 ROBERT EDWARD HARRINGTON OF 1072 BERNARD STREET MOUNT HELENA WA 6082

Authorising party

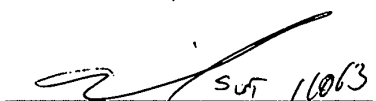
SHIRE OF MUNDARING (ABN 20431487930) OF SHIRE OF MUNDARING 7000 GREAT EASTERN HIGHWAY MUNDARING WA 6073

Execution date *1st December 2024*



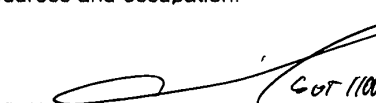
Registered proprietor(s)(Land) execution


Witness must be an adult person. The witness must state their full name, address and occupation.

Witness signature 
 Witness full name ANDREW RUZI
 Witness address PRATH WATCH HOUSE
2 FITZGERALD ST
NORTH BRIDGEMAN
 Witness occupation POLICE OFFICER
 Witness phone 0436 862840

Signature 
 Signer name SOPHIE MICHALA HARRINGTON


Witness must be an adult person. The witness must state their full name, address and occupation.

Witness signature 
 Witness full name ANDREW RUZI
 Witness address PRATH WATCH HOUSE
2 FITZGERALD ST
NORTH BRIDGEMAN
 Witness occupation POLICE OFFICER
 Witness phone 0436 862840

Signature 
 Signer name ROBERT EDWARD HARRINGTON

Authorising party execution

Executed on behalf of SHIRE OF MUNDARING under local authority of the LOCAL GOVERNMENT ACT 1995 PURSUANT TO SECTION 9.49A(4).

Signature: 

Signer name: **MARK LUZI**

Signer organisation: **SHIRE OF MUNDARING**

Signer designation: **DIRECTOR STATUTORY SERVICES**