

T 1300 79 49 29
F (07) 4197 4455
P PO Box 1943
HERVEY BAY QLD 4655
E enquiry@frasercoast.qld.gov.au
W www.frasercoast.qld.gov.au

Property Flood Search Application - 2025/2026

Purpose of form: This form is to be used to request a flood search containing property specific flood information for stormwater, riverine and/or storm-tide flood risk types

| Infrastructure > Flood Searches > FLOODSRCH / FLOODSRCHU | | Receipt Number | | CS Officer | |
|--|---------------------|------------------------|--|---------------------|--------------------------------------|
| Receipt to: | | Date Received | | Amount | |
| Office Use Only | | | | | |
| types have been consider | red. | | | | |
| Use 'Find' or zoom functi | • | · - | • | • | • |
| Within Council's Online I Flood Hazard (to check st | • | • | | | |
| Go to www.frasercoast.g | | | • | | • |
| flooding, PRIOR to lodgin | | | | | |
| Free mapping is available | on Council's web | osite to identify if a | property is considere | ed to be at risk fr | om one or more types |
| IMPORTANT NOTE: | | | | | |
| An upgrade to an existing Service on 1300 79 49 29 | | ~ | is available upon red | quest and eligibil | lity. Contact Customer |
| ADDITIONAL FEES: | on all and | and deads | 2 | | lli Carlani Carl |
| | еагсы Аррысацо | n (Urgent Response | : - 3 Dusiliess Days) | | \$238.00 |
| | • | | | - | • |
| Property Flood S | Search Applicatio | n (Standard Respor | ıse - 10 Business Day | rs) | \$119.00 |
| APPLICATION FEES: No refund will be given of | on this application | n fee, even if no flo | od level is applicable | e or available. | |
| ADDUCATION FEEC. | , | , , , | , | | |
| nly | | • | mmence action upo earches can be faxe | | payment. Allowance no extra cost. |
| ick one (1) method | _ | | | | |
| esponse Method: | Email | Mail | Fax | | |
| ot: * | | | Plan: | | |
| ite Details: A Separate ap | plication form ar | nd relevant fee is re | quired for each indi | vidual lot | |
| | | | (if applicable) | | |
| pplication Date: | | | Settlement Da | nto. | |
| urchaser: | | | | | |
| mail: wner/Vendor Name: | | | Phone No: | | |
| | | | 1-1 | | |
| | | | | | |
| Applicant's Name: | | | | | |