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| Applicant Details |  | | | | |
| **Given Name** | **Middle Name** | | | **Family Name** |
| **Residential Address** | | | | |
|  | | | | |
| **Street** | **Suburb** | | | **Postcode** |
| **Telephone No:** | | | **Mobile No:** | |
| **Email:** | | | **Preferred contact times:** | |
|  |  | |  | | |
| Business Details |  | | | | |
| **Business Name / Trading Name** | | | | |
| **Business Address** | | | | |
|  | | | | |
| **Street** | **Suburb** | | | **Postcode** |
| **Proprietor/Director Name:** | | | | |
|  |  | | |  |
| **Given name** | **Middle name** | | | **Family name** |
| **Telephone No:** | | | **Mobile No:** | |
| **Fax No:** | | | **Preferred contact times:** | |
| **Email:** | | | | |
| ***I wish to apply for the following permit type:*** | | | | | |
| **Permit Type** | **Application for Recreational Vehicle(s) Permit** | | | | |

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| **Additional Permit Information** |
| Recreation Vehicle Permit for use at the Property located and known as: |
| The potential for environmental damage |
| The impact on the amenity of the neighbourhood |
| The suitability of the land for use by recreational vehicles |
| The number of vehicles for which the permit is required |
| The days, times and hours when the vehicle(s) is/are to be used (EPA Guidelines applicable) |
| The risk of danger to person or property |
| Any other relevant factor |

Please Note:

Council will also have regard to any submissions for the area and adjacent owner and occupiers.

**Additional Information**

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| Engine capacity and type (4 stroke or 2 stroke) |
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*If you require extra space, please attach an additional page*

DECLARATION

Council respects all personal and confidential information you give and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of Council services in accordance with Council’s powers, functions and purposes under the Local Government Act 1989 and other relevant legislation. It may also be used by Council to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact Customer Service on 03 5366 7100.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print) understand that the information provided above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| ………………………………………………………..……..  Date |  | ………………………………………………………..……..  Signed by Applicant |
| ………………………………………………………..……..  Signature of Owner where required |  | ………………………………………………………..……..  Name of Owner |
| ………………………………………………………..……..  Address of Owner |  | ………………………………………………………..……..  Officer |