



# Application Form for General Permit

| APPLICANT DETAILS:                         |                 |
|--|-----------------|
| GIVEN NAMES:                               | HOME PHONE:     |
| SURNAME:                                   | MOBILE PHONE:   |
| BUSINESS NAME (if applicable):             | BUSINESS PHONE: |
| BUSINESS ABN NUMBER:                       |                 |
| STREET ADDRESS:                            |                 |
| SUBURB:                                    | POSTCODE:       |
| EMAIL:                                     |                 |
| FROM WHAT DATE IS THIS PERMIT REQUIRED?    | / /             |
| WHAT LOCATION IS THIS PERMIT REQUIRED FOR: |                 |
| STREET ADDRESS:                            |                 |
| SUBURB:                                    | POSTCODE:       |

| WHAT TYPE OF PERMIT DO YOU REQUIRE: (please tick)      |  |   |
|--|--|---|
| <input type="checkbox"/> SKIP BIN (ANNUAL)<br>\$802.30 | <input type="checkbox"/> SKIP BIN (SINGLE USE)<br>\$132.90 | <input type="checkbox"/> SHIPPING CONTAINER<br>\$132.90 |
| PLEASE SPECIFY: _____                                  |  |   |

PLEASE NOTE AN INVOICE WILL BE GENERATED UPON RECEIPT OF THIS APPLICATION.  
THE APPLICATION WILL NOT BE ASSESSED UNTIL PAYMENT IS MADE.

| HAVE YOU ATTACHED A COPY OF YOUR PUBLIC LIABILITY INSURANCE? |                             |
|--|-----------------------------|
| <input type="checkbox"/> YES                                 | <input type="checkbox"/> NO |

| ARE THERE ANY ASPECTS OF THIS ACTIVITY WHICH MAY IMPACT ON THE AMENITY AND SAFETY OF OTHERS? |
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| WILL THIS ACTIVITY HAVE ANY IMPACT ON PUBLIC AREAS, i.e. OBSTRUCT ROADWAYS, PEDESTRIAN AREAS? |
|---|
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|   |
|   |
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**PLEASE PROVIDE FULL DETAILS OF YOUR PROPOSAL INCLUDING MAPS, IMPACT OF PUBLIC AREAS AND ANY CONSULTATION UNDERTAKEN.**

**PLEASE PROVIDE DETAILS OF ANY SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE COUNCIL TO CONSIDER IN PROCESSING THIS APPLICATION?**

**HAVE YOU EVER BEEN REFUSED A PERMIT APPLICATION WITH MANNINGHAM COUNCIL?**

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

**HAVE YOU INCLUDED YOUR APPLICATION FEE?**

|  |  |
|--|--|
| <input type="checkbox"/> YES<br>(IN PERSON, MONEY ORDER OR CHEQUE) | <input type="checkbox"/> NO, PLEASE SEND INVOICE<br>(TELEPHONE & INTERNET PAYMENT OPTIONS AVAILABLE) |
|--|--|

SIGNATURE OF APPLICANT

DATE:                    /                    /

Manningham City Council is committed to its obligations under the Privacy & Data Protection Act 2014 (Vic.) All personal information collected by Council will be used for Council business purposes and kept confidential. It will not be disclosed to third parties unless Council is required to disclose the information under other legislation or disclosure is necessary to complete the purpose for which it is sought. You may access information you have provided to Council and make corrections if you believe that information is incorrect. For further information including Council's information privacy policy please visit our website at [www.manningham.vic.gov.au](http://www.manningham.vic.gov.au).

**OFFICE USE ONLY**

FEE: \_\_\_\_\_ DATE PAID:            /            /

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AUTHORISING OFFICER:

PRINT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE:        /        /

CHECKLIST COMPLETE:     YES     NO