### **APPLICATION:**

## **ACCESS ACROSS COUNCIL LAND**



This form is to be completed by the applicant/owner and submitted for approval prior to the commencement of any works. No works are to commence until the permit has been issued. Invoices will be issued for both the fee and the bond (where applicable) once the application has been assessed and approved. Please email completed form to manningham@manningham.vic.gov.au or drop it into our Customer Service Centre, 699 Doncaster Road, Doncaster.

	lication has been assesse <u>ic.gov.au</u> or drop it into our Cus					
DATE: / /	PERMIT FEE: \$156.00 BOND: To be determined (TYPICALLY \$250 - \$1000+)					
		Note: Where a r	eserve key is required	d an additional bond of \$100 will apply		
YOUR ROLE: (STRIKE OUT IT	EMS THAT DO NOT APPLY)					
RESIDENT	PRIVATE CONTRACTOR	UTILITY		AGENT FOR UTILITY		
TELECOMMUNICATIONS	AGENT FOR TEL CARRIER	MFB or CFA		AGENT FOR MFB or CFA		
APPLICANTS DETAILS:						
COMPANY NAME (if applicable)	:					
ABN (if applicable):			HOME PHONE:			
GIVEN NAME:		BUSINESS PHON		NE:		
SURNAME:	MOBILE PHONE					
EMAIL ADDRESS:						
STREET ADDRESS:						
SUBURB:				POSTCODE:		
<b>DETAILS OF WORK:</b> (STRIKE (	OUT ITEMS THAT DO NOT APPL	Y)				
FENCING	BUILDING CONSTRUCTION	LANDSCAPING WORKS		OTHER WORKS		
HOURS of WORK: FROM:	AM/PM		TO:	AM/PM		
START DATE:	/ /		END DATE:	/ /		
ADDRESS OF WORKS:						
STREET ADDRESS:						
SUBURB:	POSTCOI			POSTCODE:		
NAME OF RESERVE:						
ADDRESS OF RESERVE:						
SUBURB:				POSTCODE:		
DETAILS OF WORKS & REQUIRED ACCESS (Including details of vehicles and equipment):						

#### **APPLICATION:**

# **ACCESS ACROSS COUNCIL LAND**



WORKS MANAGER DETAILS: (The person or body who will be responsible for conducting these works, if different from above)						
CONTRACTOR (YES/NO):	BUSINESS PHONE:					
COMPANY NAME:	MOBILE PHONE:					
ABN:	FACSIMILE:					
EMAIL ADDRESS:						
CONTACT PERSON:						
ADDRESS:						
STREET ADDRESS:						
SUBURB:	POSTCODE:					
IMPACT ON RESERVE OR PARK						
Is there a vehicle driveway providing access from the street to the reserve?	YES	□ NO				
Will the access route cross a footpath or shared pathway?	YES	□ NO				
Will the access route be in close proximity to a playground?	YES	□ NO				
Please provide a sketch plan that indicates proposed entry point to Reserve and intended route across Reserve.						
OFFICE USE ONLY  APPLICATION REFERENCE NUMBER:						
DATE RECEIVED://	VALUE OF BOND:					
RESERVE ACCESS KEY ISSUED:						
APPROVED BY:	DATE APPROVED: _					

#### **PRIVACY STATEMENT**

Manningham Council is committed to full compliance with its obligations under the *Privacy and 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 deemed reasonable under the circumstances. You may access information you have provided to Council at any time and make corrections if you believe that information is incorrect. To obtain a copy of Council's Information Privacy Policy please visit Council's website at www.manningham.vic.gov.au.