

HOARDING PERMIT APPLICATION

Site Address: _____

Applicant: _____ Email: _____

Postal Address: _____

Contact Name: _____ Contact No.: _____

Is the work part of a: Development Application (DA) No: _____

Complying Development Certificate (CDC) No: _____
(Assessment may take up to five days for CDC)

Other: _____

Reason for Permit: _____

Date From: _____ To: _____ No. of weeks: _____

Length in metres: _____ Width in metres: _____ Total area in metres or lineal metres: _____

Location: Select CBD or RESIDENTIAL

Extension of Hoarding Permit No.: _____

INFORMATION REQUIRED (Failure to provide the information below may delay this application)

Site Plan (with relevant dimensions)

Traffic Management Plan

Class A OR Class B

Approval from NSW Police (for main traffic routes)

Approval from RMS (for site on or near state road and within 100m of traffic light)

A copy of public liability insurance

Structural engineer certificate

Is air space to be used? Yes No

- Note:**
- If parking meter spaces affected, 75 per cent of parking rate will be added
 - Class A hoarding requires a minimum footpath width of 1.5m available
 - Class B hoarding requires a structural certificate
 - Gantries or container hoardings will only be permitted
 - Please submit site plan/sketch showing location of hoarding with full dimensions

OFFICE USE ONLY: Approved by: _____

Permit No: _____ Amount: _____

Receipt: _____ Date: _____

GENERAL AGREEMENT & DECLARATION

Applicant to Print Name: _____

1. I/We acknowledge that loss of income from any parking meter spaces assessed at 75 per cent of the daily rate will be added to the fees.
2. I/We agree to employ adequate traffic control during all stages of the work in accordance with Australian Standard AS1742.3-2002.
3. I/We declare that my/our public liability insurance policy indemnifying Council in the event of any member of the public suffering injury to their person or property by reason of the works is current and effective.
4. I/We agree to pay additional restoration charges if Council's Restoration Supervisor determines that additional costs to repair are required.
5. I/We undertake to comply with all conditions and requirements of WorkCover Authority NSW, Council's permit policies and NSW Dial 1100 Before You Dig service applicable to this application.
6. I/We agree to make safe the footpath/roadway after completion of the work/occupation of the area and immediately telephone Council's Restoration Supervisor on 9777 7784.
7. I/We agree to lodge to Council the damage deposit as per current Council's Fees and Charges Schedule for Stormwater, Driveway/Crossover or other applicable Permits and acknowledge the deposit will be refundable subject to the approval of Council's Engineer's at the completion of development works as appropriate.
8. I/We acknowledge that for Road Opening Permit (Stormwater Connection) and Footpath Crossing Permit, Submission Requirements are required to be lodged together with the Permit Applications.
9. I/We agree to pay all necessary fees that are required at lodgement of this application. Note: Fees are applicable to all permits as per Council's Fees and Charges schedule, available at www.willoughby.nsw.gov.au or contact Council's Customer Services on (02) 9777 1000.

NOTE: Approval is subject to Council's Engineer's satisfaction of the proposed works outlined in the Submission Requirements Form and may be granted in approximately two weeks.

Signed (Applicant/Owner): _____ Date: _____