

APPLICATION TO OBTAIN TEMPORARY ACCESS OVER COMMUNITY LAND

PLEASE NOTE: A successful application will incur a Permit fee (GST exempt) as per Councils Fees & Charges and may be charged a Damage Deposit (refundable if no damage caused). This form must be lodged at least 14 days before access required. Permission will generally only be considered for access over mown grass areas within 10m of private property.

APPLICANT CONTACT DETAILS

Name: _____

Postal Address: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

Contractor Undertaking Work (write 'as above', if same as applicant)

Name: _____ Company: _____

Postal Address: _____

Phone: (W) _____ (M) _____ (Emergency) _____

Email: _____

SITE CHECKLIST

Site address: _____

1. Project outline/brief – details of works: _____

2. Reasons why access is needed – why cannot enter from street, factors which prohibit access from street:

3. Dates & hours of works (if applicable, include dates & times when access gates are required to be unlocked):

4. Plant/equipment to be used: _____

5. Number of vehicle movements & duration of activities: _____

6. Materials type and quantity _____

7. Contractor must have a Certificate of Currency for public liability, which provides \$10 million public liability cover and indemnify Council (and the Minister for the Department of Land & Water Conservation if access is proposed over Crown land). YES

8. The contractor agrees to indemnify and hold harmless the Council in respect of all claims, demands, actions, suits, order, decrees, costs, damages, loss and expenses of whatsoever nature or kind which the contractor or Council may suffer or incur, disease and or damage to property sustained as a consequence of the contractor's use of the community land. YES

Applicant's Signature: _____ Date: _____



CREDIT CARD AUTHORISATION (MASTERCARD AND VISA ONLY)

Attention: _____

From: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Date: _____

I authorise Willoughby City Council to debit my credit card for the amount of \$ _____
for payment of _____

Credit card type: Mastercard Visa

Credit card number:

Expiry date:

Card holder's name: _____

Card holder's signature: _____

**PLEASE NOTE:
A 1% Service Fee applies when
payment is made by Credit Card**