

Application for a permit to use a footpath for the erection of a hoarding/scaffolding

Expiry Date: 30 June 2021

Use this Form

Use this form to apply for a permit to use a footpath for the erection of a hoarding/scaffolding under the Roads Act 1993

Please allow up to 10 working days for this application to be processed.

Lodgement & fees

Please follow the instructions on Page 2.

Any questions?

Phone Customer Services on (02) 9391 7000 or call in personally (see page 2)

Applicant and site details

1. Applicant's name, address and contact details.

Title: Mr Mrs Miss Ms Other:.....

Family name (or company):

Given names (or ABN):

Postal address:.....

..... Post Code:

Phone (1) (....)..... Fax (....).....

Phone (2) (....) E-mail:

Contact person (Only if a company etc)

Would you like to receive the determination of this application by e-mail only

2. Location and title description of the property

This will help us to correctly identify the land

Unit, shop or suite: Street No: Street:.....

Suburb:

Lot(s): Section:

Deposited plan(s): Strata plan:

Other:

Get these details from rate notices, property deeds, or Council property maps.

Associated application details

3. Application references

When applicable

Development Application No.: Date:

Construction Certificate(s)No.:..... Date:

Principal Certifying Authority.: Phone:

Builder:..... Phone:

If the hoarding is not required for works in relation to a Development Consent please state what is the purpose of the proposed hoarding.

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.....

4. Hoarding details Type: (A,B, Scaffold)

Length: Depth:

Rental period (weeks):

Proposed date to erect the proposed hoarding

Note: Please attach dimensioned site and elevation plans to hoarding application.

▼ Fee calculation

Weekly fee calculation

..... X \$9.50 = Weekly Fee
Area m²

..... X = \$.....
Weekly Fee No. of weeks Total Fee

Application fee: \$ 194.00

Total weekly fee \$

(calculated below)

Total fee:..... \$

5. Required attachments

Council will not accept this application unless all required attachments are lodged with this completed form and fees.

- Plan at a scale of 1:100 or 1:200 showing location of proposed:-
 - Hoarding, all utility services (manholes, Pits, Hydrants etc)
 - Location of existing footpath
 - Location of kerb and gutter
 - Location property boundaries
 - Full dimensions (width, length, height)

The lodgement of poor quality plans, statements, specifications, certificates or documents will delay the determination of your application.

▼ Signatures

6. Your declaration

I apply for consent to erect a temporary hoarding/scaffolding and I declare that all the information given is true and correct. I also understand that:

- If incomplete, the application may be delayed or rejected, and that
- More information may be requested within 21 days of lodgement.

☒ Signature: Date:

▼ How to lodge this application

Address the application to: The General Manager
Woollahra Municipal Council

You can send it to us by any of the following methods

Post: PO Box 61
Double Bay 1360

DX: DX 3607 Double Bay

Courier or personal delivery: Council Chambers
536 New South Head Road
Double Bay NSW 2028

How to contact us by phone, fax or electronically

Phone: (02) 9391 7000

Fax: (02) 9391 7044

Email: records@woollahra.nsw.gov.au

Web: www.woollahra.nsw.gov.au

Who to contact: The Hoarding Officer handling your application in the Compliance section

Fees
The current fees for this service are as follows:
Application Fee: \$194.00
Weekly Fee: Area occupied (m²) x \$9.50 x Rental Weeks

Payment methods

In Person
Payment can be made at our Customer Service Centre by the following methods: cash, EFTPOS, cheque, Money Order (make payable to Woollahra Council) or by credit card – American Express, Diners Club, MasterCard or Visa. Credit card payment will incur a processing fee.

By Mail
For credit card payments, please complete the attached “Credit Card Payment” form. For cheque payments, please make payable to Woollahra Council.

Acknowledgement

You will receive a receipt specifying the amount of fees paid.

Making a personal visit?

Woollahra Council is located at 536 New South Head Road, Double Bay. We look forward to seeing you.

Bus or Rail: Train to Edgecliff and take the bus or walk from the interchange at the Edgecliff Centre.

Parking: Short term customer parking spaces are available on site. On street parking in nearby streets is also available.

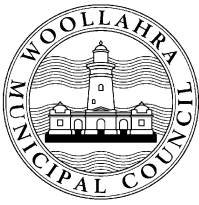
If you wish to discuss a proposal with one of our Hoarding Officers, it's essential that you arrange an appointment. We recommend that you consult with a Hoarding Officer of Council before lodging the application.

▼ Receipting

To be completed by Council's Cashier and Customer Service Officer. GST may be applicable (<i>refer receipt for details</i>) <i>Retain your receipt as proof of lodgement of the application.</i> <input checked="" type="checkbox"/> Receiving Officer: Date: <input checked="" type="checkbox"/> Cashier: Date:	OFFICE USE ONLY		
	Fee Type	Fee	Receipt Code
	Application fee	\$194.00	3
	Weekly Fee <i>Weekly Fee is calculated : Area occupied (m²) x \$9.50 x Rental Weeks</i>		3
	Total:		

▼ Privacy notification

The personal details requested on this form are required under the *Roads Act 1993* and will only be used in connection with the requirements of the legislation. Access to this information is restricted to Woollahra Municipal Council officers and other people authorised under the Acts. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.



Credit Card Payment Form

All credit card payment will incur a processing fee currently 0.55%

Payments should be sent to: Woollahra Council
536 New South Head Road
DOUBLE BAY NSW 2028

OR

PO Box 61
DOUBLE BAY NSW 1360

OR

DX 3607 DOUBLE BAY

Credit card payment

This matter will not be processed until the credit card payment has been authorised

Tick Applicable Credit Card	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA															
Full Name on Credit Card																			
Credit Card No.				--															
Card Expiry Date			--		Total Amount Paid		\$												
Cardholder's Signature																			
Date							Contact Phone No.												

Reason for payment

Please indicate in this section the reason for the payment and any other applicable information.

Payment For _____

Council Reference Eg. DA No.etc _____

Address (where applicable) _____

PRIVACY NOTIFICATION

The personal details requested on this form are being collected, and will only be used for, the purpose of processing your payment. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council will not be able to process your payment. Access to the information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council.

OFFICE USE ONLY	Payment Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cashier	_____	
	Date	_____	