

# Activity Application Place Waste Storage Container(s) in a Public Place

Section 68 – Part C3 of the Local Government Act 1993

Effective from July 2023 to June 2024

## About this form

Use this form to apply to place waste storage containers (e.g. skip bins or the like) in a public place in the Woollahra Council local government area.

## Documentation

An insurance certificate that notes Woollahra Municipal Council as indemnified in an amount not less than \$10,000,000.00 against all public risk must be attached to this application.

Please call our Customer Service Centre on (02) 9391 7000 for any assistance.

## Applicant's details

Title:

Full name:

Address:

Phone:  Email:

Company name:  
(if applicable)

Company contact:  
(if applicable)  ABN / ACN:

## Public liability insurance details *(You must attach a copy of the Certificate of Currency for the insurance which must nominate Council as an insured interested party)*

Name of Insurer:

Address of insurer:

Phone:  Email:

Company contact:  
*(only if a company)*

Insurance Policy  
no:

*(Note: Please attached a copy of insurance policy)*

**Type of waste storage activity (Type of activity for which you are seeking Council approval)**

- Place skip bins or the like in a public place
- Place garbage receptacles or the like in a public place
- Other (specify):

**Fees**

A fee of \$1,965.00 is to be paid with this application.  
Applications must be submitted annually for approval to undertake this activity.

**Privacy and conditions of use**

For more information about Privacy & Personal Information Policy: [www.woollahra.nsw.gov.au/privacy](http://www.woollahra.nsw.gov.au/privacy).

**Lodgement details**

**Who to contact:** The Coordinator - Regulatory Services.  
*We recommend that you consult with Council's Coordinator - Regulatory Services before lodging this application and it is essential that you arrange an appointment.*

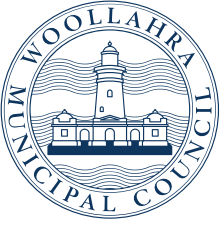
<b>Mail to:</b>	Woollahra Municipal Council PO Box 61 Double Bay 1360	<b>In person:</b>	Council Chambers 536 New South Head Road Double Bay NSW 2028
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<b>Email:</b>	<a href="mailto:records@woollahra.nsw.gov.au">records@woollahra.nsw.gov.au</a>	<b>Telephone:</b>	(02) 9391 7000
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**Website:** [www.woollahra.nsw.gov.au](http://www.woollahra.nsw.gov.au)

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

OFFICE USE ONLY	Approval granted	Fee	Receipt code
To be completed by Council's Cashier and Customer Service Officer GST may be applicable (refer receipt) <i>Retain your receipt as proof of lodgement of the application</i>	<b>Number:</b> <input style="width: 90%;" type="text"/>	\$1,965.00	T536
	<b>Date:</b> <input style="width: 90%;" type="text"/>		
	<b>Officer:</b> <input style="width: 90%;" type="text"/>		
	<b>Date:</b> <input style="width: 90%;" type="text"/>		
<b>Cashier:</b> <input style="width: 90%;" type="text"/>	<b>Date:</b> <input style="width: 90%;" type="text"/>		



# Payment Form

## Payment methods

Payment in person at Council's Customer Service Centre can be made in cash, EFTPOS, cheque or money order or credit card (American Express, MasterCard and Visa).

## Payment details

All credit card payments will incur a processing fee of 0.55%.

Separate cheques are required for integrated development fees to the relevant body. Cheques and money orders are payable to **Woollahra Council**.

Payments should be sent to Woollahra Council at: 536 New South Head Road DOUBLE BAY NSW 2028;  
PO Box 61 DOUBLE BAY NSW 1360

## Privacy notice

The personal information in this form is required under the Environmental Planning and Assessment Act 1979 and will only be used for processing of payments. If you do not provide the information, Council will not be able to process your payment and application. Payment information is restricted to Council officers. Council is to be regarded as the agency that holds the information. You may request amendment of any personal information held by Council that is incorrect.

## Payment particulars

Payment for:

Council reference:

Application address:

## Credit card details

Card type:

Visa

MasterCard

American Express

Card number:

Cardholder name:

Expiry date:

Total amount paid \$:

CVV:

Cardholder signature:

Contact number

## OFFICE USE ONLY

Cashier's name:

Cashier's signature:

Payment processed: Yes

No

Date: