

This form is to apply for temporary access to City of Newcastle owned community land for the purpose of gaining entry to an adjoining property.

A permit must be held on site and produced upon the request of a City of Newcastle (CN) Officer.

City of Newcastle Attention: Open Space Operations 12 Stewart Avenue Newcastle NSW 2300

Email: parkservices@ncc.nsw.gov.au

Please refer to CN's fees and charges in relation to statement of fees and charges applicable to this application.

All fees are to be paid in advance before access permit will be issued.

Once the application is reviewed CN may require some or all of the below mentioned documents:

- A site map showing the access route planned including proposed methods to protect identified assets and maintaining any existing access provisions for pedestrian use etc.
- Documentation to include the provision of materials (type and estimated quantity), type of equipment to be used including the number of movements and duration of activities, project outline (details of works) days and hours of works, notification for commencement of work, timeframe and completion of work.
- WHS compliance pursuant to the WHS Act & Regulation 2011 and applicable Codes of Practice & Australian Standards – including job specific documentation e.g. Risk Assessments / Safe Work Method Statements identifying the hazards, risks and controls associated with proposed works.
- Public Liability Insurance Cover
 - Copy of the Policy's Certificate of Currency with minimum \$20 million coverage.
 - The Certificate of Currency must also note City of Newcastle as an interested party.
 - If you are using heavy equipment (e.g. a crane) that is attached to a Motor Vehicle, CN will also require a copy of your Motor Vehicle Policy confirming that you have \$30 million third party property damage cover.
- Traffic Control Plan.
- Sediment and Erosion Control Plan.

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APPLICANT DETAILS	
Title: Mr Mrs Miss Ms] Other
Name:	
Surname Gi	iven Names
Company Name:	
ABN:	
Postal Address:	
	Post Code:
Phone (B) ()	Fax: ()
Phone (H) ()	Mobile:
Email:	
YOUR CONTRACTOR OR CONSULTANT. In ca	ase we need to discuss technical issues.
Name:	
Company Name:	
Phone (B) ()	Fax: ()
Phone (H) ()	Mobile:
LOCATION AND TITLE DESCRIPTION OF THE	PROPERTY
Site:	Street No:
Street:	
Suburb:	
Lot(s): Section:	Deposited Plan:
TYPE OF ACTIVITY	
☐ Swimming pool construction	☐ Landscaping
Other building works	☐ Removal of trees
☐ Transporting building materials	Other, please specify

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DETAILED DESCRIPTION OF PROPOSED ROUTE AND SITE PLAN Attach plan.

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PUBLIC NOTIFICATION

All residents affected by the work should be consulted prior to commencement of work. CN will discuss with you if this is required.

PROPOSED DURATION	N OF ACCES	S / HOURS OF	USE		
Temporary Access	from	1 1	to / /		
Day only from	am to	pm	Day and Evening from	am to	pm
Weekdays only from	am to	pm	Weekends only from	am to	pm
7 Days from	am to	pm			

CRANES / ROAD CLOSURES

Is a road closure required? Yes or No Are you using a crane? Yes or No

If 'yes' to either question a separate application is to be made to CN's Traffic Department via this link.

http://www.newcastle.nsw.gov.au/Living/Transport/Roads/Road-permits

PRIVACY DISCLAIMER

Purpose: To process application for permit under S608 of the Local Government Act.

Intended recipients: CN staff only.

Supply: This is a voluntary supply.

Consequence of non-provision: CN cannot grant access if application is not completed.

Storage and security: This information will be stored within CN's records management system for a minimum

period of 10 years, and only accessible by relevant staff.

Access: you can access your information by contacting CN on (02) 4974 2000.

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	'S DECLARATION				
	If the applicant is a company or owner's association, this se authorised person whose authority should be stated.	ction must be signed by an			
l,					
apply for tem	porary access over CN's community land.				
 I declare that all the information supplied is true and correct. I also understand that: If incomplete, the application will not be accepted. The conditions of the Access Permit must be observed and payment of any damages associated with this work is agreed. 					
Applicant Signat	ure (Authority/Position if required)	Date			
COUNCIL USE ONLY					
COUNCIL US	SE ONLY				
Approved	SE ONLY <u>Comments</u>	Authorising Officer and Date			
		Authorising Officer and Date			
Approved	<u>Comments</u>	Authorising Officer and Date			
Approved Yes	Comments Key Deposit Yes No	Authorising Officer and Date			

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