



Application to Place Skip Bin on Roadway or Public Place

Your reference no.: _____

Our reference no.: _____

Environmental Planning and Assessment Act 1979
Local Government Act 1993
Road Transport (Safety & Traffic Management) Act 1999.
Roads Act 1993.
Protection of the Environment & Operations Act 1997.

* Indicates Compulsory Sections

Advice to Applicant

- Please complete this form in ink using BLOCK LETTERS
- Application fee must accompany application – refer to Schedule of Fees and Charges for details
- An incomplete application may result in deferral of your application
- For application or lodgement advice please contact Customer Service on (02) 9330 6222 (8.30am - 4.30pm Monday to Friday)

* Property Details

You must complete all details in this section.

CSO Checked

Street Address		Lot	
Suburb		Section	
Nearest Cross Street		DP/SP	
Site Area (m ²)	Floor Area (m ²)		

* Applicant Details

If the applicant is a company or business please provide details.

CSO Checked

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
Name		ABN No.	
Postal Address			
Suburb		Post Code	
Phone	Fax	Mobile	
Email Address			
Applicant's Signature		Date	

* Owner Details

Otherwise write Same as Above

All owners must give consent. If insufficient space please provide separate sheet.

CSO Checked

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
Name		ABN No.	
Postal Address			
Suburb		Post Code	
Phone	Fax	Mobile	
Email Address			
As the owner(s) of the property subject to this application I/we consent to the lodgment of this application and to Council entering the property for the purpose of assessing the application and compliance with any approval which may be issued by Council.			
Owner's Signature		Date	

* Contractor Details		If the contractor is a company please provide all details	CSO Checked <input type="checkbox"/>
Skip Bin Company			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____			
Name		ABN No.	
Postal Address			
Suburb		Post Code	
Phone	Fax	Mobile	
Email Address			
Public Risk Insurance Policy Number Attach Copy of Current Public Liability Insurance.		Expiry Date	Insurance Company
Development Application Details if applicable			CSO Checked <input type="checkbox"/>
Development Application Number		Date of consent (if issued)	
* Questions you must answer			CSO Checked <input type="checkbox"/>
Please tick the appropriate answer			
Have you fully completed this application form?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a detailed site plan to where the Skip Bin is to be placed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you attached a copy of the Skip Bin Company's Public liability Insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there greater than 3 meters for vehicle access on roadway?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No you must provide details on plans
Is there greater than 2 meters for pedestrian access on footpath?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No you must provide details on plans
<p>Privacy Information: The details provided in this form may contain information that is personal information, which identifies you etc., for the purposes of the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable the Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be utilised by Council officers in assessing the proposal and other associated activities. The information may also be made available to other persons where such access is in accordance with the relevant regulations and requirements in this regard. The submission of personal information in this case is required by law and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. The information will ultimately be stored in Council's records system.</p>			
How to lodge this application			
Courier or in person:	Civic Centre (opening hours: 8.30am – 4.30pm Monday to Friday) MacMahon Street, Hurstville	Fees, charges, contributions and bonds payable are shown in the Schedule of Fees and Charges available on our website and from the Customer Service Centre.	
Mail:	PO Box 205, HURSTVILLE BC NSW 1481	Payments can be by cash, cheque, EFTPOS and some credit cards. Do not post cash. It is best to confirm fees before writing cheques.	
Document exchange:	DX 11310 Hurstville	A dishonoured cheque will result in an application being cancelled and payment of a cheque dishonour fee will be required.	
ABN:	24782671133	Acknowledgement of application will be provided upon payment.	
How to contact us:	Phone: (02) 9330 6222 Fax: (02) 9330 6223 hccmail@hurstville.nsw.gov.au www.hurstville.nsw.gov.au		

Office use only					
Fees and Charges	Fee Code	Amount (\$)	Receipt No.	Date	CSO
Customer Service's Checklists					
Application form fully completed	<input type="checkbox"/>	Fees Paid	<input type="checkbox"/>		
Have all questions be answered YES	<input type="checkbox"/>	Application advised of unsatisfactory items and that application should not be lodged until these minimum requirements have been satisfied	<input type="checkbox"/>		
Owners consent given (Company seal where required)	<input type="checkbox"/>				
Responsible Officer's Comments					
Decision:					
Applicant advised:					
Responsible Officer's Signature				Date	

Minimum setbacks for roadway and footpath

