31 Victor Street, Chatswood NSW 2067 PO Box 57, Chatswood NSW 2057 Ph (02) 9777 1000 Fax (02) 9777 1038

Email: email@willoughby.nsw.gov.au Web: www.willoughby.nsw.gov.au

ABN 47 974 826 099



PERMIT APPLICATION For Skip Bin, Vehicular Crossing, Trade Parking & Road Opening

Name of Applicant:				
Postal Address:				
Contact Phone:			Fax:	
Mobile:			Email:	
Is the work part of a:	☐ Development Application – (DA) No:			
	Complying Development Certificate (CDC) No:(Assessment may take up to five days for CDC)			
	Other:			
Reason for Permit:				
Date: FromTo:			No. of months/days/hours	
TRADE PARKING ROAD OPENING Traffic Management Plan Write next to each surfa per m² or lineal metre.	Submissions R Approval fron (for main traff	nd opening Requiremen n NSW Po ic routes)	is part of a CDC for Stormwater refer to Engints before lodging lice Approval from the RMS (for site or road and within 100m of traffic linited (there could be multiple types), minim	on or near ight
Road (minimum 1.2m²)		m ²	Driveways	m ²
☐ Cement Concrete			Concrete Residential (125mm)	
☐ Sheet asphalt or bitumen seal		_	Concrete Industrial (150mm)	
Footpaths (minimum 1.4m²)		_	☐ Kerb Only	
Concrete / Asphaltic bitumen			☐ Kerb & Gutter and/or layback☐ Dish crossing at intersection	
		1	(standard or heavy duty)	
Standard paving blo			(Standard of fleavy duty)	
	g blocks		Stormwater kerb outlet per outlet (write number of outlets)	

GENERAL AGREEMENT & DECLARATION Applicant to Print Name: ___ 1. I/We acknowledge that loss of income from any 7. I/We agree to lodge to Council the damage parking meter spaces assessed at 75 per cent of the deposit as per current Council's Fees and Charges daily rate will be added to the fees. Schedule for Stormwater, Vehicular Crossing or other applicable Permits and acknowledge the 2. I/We agree to employ adequate traffic control deposit will be refundable subject to the approval during all stages of the work in accordance with of Council's Engineers at the completion of Australian Standard AS1742.3-2002. development works as appropriate. 3. I/We declare that my/our public liability insurance 8. I/We acknowledge that for Road Opening Permit policy indemnifying Council in the event of any (Stromwater Connection) and Footpath Crossing member of the public suffering injury to their permit, Submission Requirements for is required to person or property by reason of the works is be lodged together with the Permit Applications. current and effective. 9. I/We agree to pay all necessary fees that are 4. I/We agree to pay additional restoration charges required at lodgement of this application. Note: if Council's Restoration Supervisor determines Fees are applicable to all permits as per Council's that additional costs to repair are required. Fees and Charges, available at 5. I/We undertake to comply with all conditions www.willoughby.nsw.gov.au or contact Council's and requirements of WorkCover Authority Help & Service Desk on (02) 9777 1000. NSW, Council's permit policies and NSW NOTE: Approval is subject to Council's Engineer's satisfaction Dial 1100 Before You Dig Service applicable of the proposed works outlined in the Submission Requirements to this application. Form and may be granted in approximately two weeks. 6. I/We agree to make safe the footpath/roadway after completion of the work/occupation of the area and immediately telephone Council's Restoration Supervisor on 9777 7784. Signed Applicant/Owner:______ Date: _____ Approved by: _____ OFFICE USE ONLY: Permit No: _____ Amount: ____ Receipt:_____ Date: _____