

WARATAH-WYNYARD COUNCIL

**APPLICATION FOR PERMISSION TO TEMPORARILY OCCUPY
ROAD RESERVE**

Full name of the applicant

Full residential address of the applicant.....

.....

Contact Phone Number

Description of the type of activity proposed

.....

Date of Activity...../...../.....to...../...../.....

Proposed Location

(Note: a scaled drawing is required to accompany this application)

Scale Drawing:

Public Liability Insurance (Certificate of Currency or Insurance Policy **must be**
attached):

Certificate/Policy Number:-.....

Expiry Date:-..... Amount of Cover (Min \$20m):-.....

Dated this.....day of.....

Signed.....
(Applicant)