PERMIT APPLICATION
For Skip Bin, Crossover/Driveway, Trade Parking & Road Opening

WILLOUGHBY CITY COUNCIL

SITE ADDRESS: _____

Name of applicant: _____

Postal address: _____

Contact: Ph: _____ Fax: _____

Mob: _____ Email: _____

Is the work part of a
☐ Development Application (DA) No: _____

☐ Complying Development Certificate (CDC) No: _____
(Assessment may take up to 5 days for CDC)

☐ Other: _____

Reason for Permit: _____

Date: From: _____ To: _____ No. of months/days/hours: _____

OFFICE ONLY
Approved by:
Permit No:
Amount:
Receipt No:
Date:

APPLICANT TO TICK THE RELEVANT BOX AND NOTE THE RELEVANT REQUIREMENTS

☐ SKIP BIN ☐ CROSSOVER / DRIVEWAY ☐ TRADE PARKING ☐ ROAD OPENING

SKIP BIN
- Pedestrian access must be provide on the nature strip
- Use of pavement (road), under extreme circumstances and in daylight only

TRADE PARKING
- Maximum 5 working days

ROAD OPENING
- Where the road opening is part of a CDC for Stormwater refer to Engineering Submissions Requirements before lodging

☐ Traffic Management Plan ☐ Approval from NSW Police (for main traffic routes) ☐ Approval from the RTA (for site on or near state road and within 50m of traffic light)x

Write next to each surface type the number of m^2 required (there could be multiple types), minimum charge per m^2 or lineal metre.

Roads	m^2	Driveways	m^2
☐ Cement concrete		☐ Concrete residential (125mm)	
☐ Sheet asphalt or bitumen seal		☐ Concrete industrial (150mm)	
Footpaths		☐ Kerb only	
☐ Concrete / Asphaltic bitumen		☐ Kerb & Gutter and/or layback	
☐ Standard paving blocks or tiles		☐ Dish crossing at intersection (standard or heavy duty)	
☐ Non-standard paving blocks (inc. Pebblecrete pavers, tile etc…) bricks pavers		☐ Stormwater kerb outlet per outlet (write number of outlets)	
☐ Formed or grassed area			

GENERAL AGREEMENT & DECLARATION   Applicant to print name: _____

1. I/We acknowledge that loss of income from any parking meter spaces assessed at 75% of the daily rate will be added to the fees.
2. I/We agree to employ adequate traffic control during all stages of the work in accordance with Australian Standard AS1742.3-2002.
3. I/We declare that my/our public liability insurance policy indemnifying Council in the event of any member of the public suffering injury to their person or property by reason of the works is current and effective.
4. I/We agree to pay additional restoration charges if Council s Restoration Supervisor determines that additional costs to repair are required.
5. I/We undertake to comply with all conditions and requirements of WorkCover Authority NSW, Council's permit policies and NSW Dial 1100 Before You Dig Service applicable to this application.

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.
7. I/We agree to lodge to Council the damage deposit as per current Council s Fees and Charges Schedule for Stormwater, Driveway/Crossover or other applicable Permits and acknowledge the deposit will be refundable subject to the approval of Council s Engineers at the completion of development works as appropriate.
8. I/We acknowledge that for Road Opening Permit (Stormwater connection) and Footpath Crossing permit, Submission Requirements form is required to be lodged together with the Permit Application.

NOTE: Approval is subject to Council s Engineers satisfaction of the proposed works outlined in the Submission Requirements Form and may be granted in approximately 2 weeks.

Signed Applicant / Owner: _____ Date: _____

INF 0810

WILLOUGHBY CITY COUNCIL
ROAD CLASSIFICATIONS ON MAIN TRAFFIC ROUTES

STATE ROADS

SPECIAL CONDITIONS FOR ROAD

The Roads & Traffic Authority must be advised (13 22 13) and approval given for any works carried out on these roads.

Restorations on the roadway are to be carried out by the RTA and restorations on the footpath will be carried out by Council.

Applicants must advise the Police Traffic Branch (9414 8499) prior to the commencement of any work.

ROAD	FROM	TO
Boundary Street	Pacific Highway	Eastern Valley Way
Eastern Valley Way	Boundary Street	Sailors Bay Road
Fullers Road	Pacific Highway	Millwood Avenue
Millwood Avenue	Fullers Road	Fullers Bridge
Mowbray Road	Penshurst Street	Willoughby Road
Pacific Highway	Boundary Street	Herbert Street
Penshurst Street	Boundary Street	Mowbray Road
Sailors Bay Road	Eastern Valley Way	Strathallen Avenue
Strathallen Avenue	Sailors Bay Road	Miller Street
Willoughby Road	Mowbray Road	Warringah Expressway

OTHER ROADS

SPECIAL CONDITIONS FOR ROAD

Work to be carried out on these roads must be done between 10:00am and 3:00pm and in accordance with any parking restrictions.

Applications must advise the Police Traffic Branch (9414 8499) prior to the commencement of any work.

ROAD	FROM	TO
Albert Avenue	Pacific Highway	Bertram Street
Albert Avenue	Help Street	Albert Avenue
Alpha Road	Pacific Highway	Stanley Street
Anderson Street	Edinburgh Road	Flat Rock Drive
Archer Street	Boundary Street	Mowbray Road
Bertram Street	Victoria Avenue	Albert Avenue
Brook Street	Flat Rock Drive	Palmer Street
Brown Street	Pacific Highway	Railway Street
Chandos Street	Willoughby Road	Pacific Highway
Dalton Street	Albert Avenue	Victoria Avenue
Edinburgh Road	Eastern Valley Way	High Street
Help Street	Pacific Highway	Victoria Avenue
Flat Rock Drive	Brook Street	Alpha Road
High Street	Mowbray Road	Short Street
Mowbray Road	Epping Road	Penshurst Street
Mowbray Road	Willoughby Road	Alpha Road
Orchard Road	Albert Avenue	Help Street
Railway Street	Victoria Avenue	Help Street
Spring Street	Victoria Avenue	Albert Avenue
Thomas Street	Pacific Highway	Thomas Lane
Victor Street	Albert Avenue	Victoria Avenue
Victoria Avenue	Pacific Highway	Penshurst Street
Willoughby Road	Chandos Street	Warringah Expressway

**WILLOUGHBY
CITY COUNCIL**

CREDIT CARD AUTHORISATION
(MASTERCARD AND VISA ONLY)

Attention: _____

From: _____

Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____

Date: _____

I authorise Willoughby City Council to debit my credit card for the amount of $ _____

for payment of _____

_____

Credit card type: ☐ Mastercard   ☐ Visa

Credit card number: ☐☐☐☐   ☐☐☐☐   ☐☐☐☐   ☐☐☐☐

Expiry date: ☐☐   ☐☐

Card holder s name: _____

Card holder s signature: _____

**PLEASE NOTE:
A 1% Service Fee applies when
payment is made by Credit Card**

JUL 2009