

North Burnett Regional Council

34-36 Capper Street, Gayndah
PO Box 390,
Gayndah QLD 4625

Telephone 1300 696 272 Facsimile 07 4161 1425

Email admin@northburnett.qld.gov.au

Website www.northburnett.qld.gov.au



**Local Government
Act 2009**

**Local Law
(Rental
Accommodation)**

Accommodation

Application for Registration of Accommodation

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

NOTE: If use involves a change in use and / or alterations to the building, then building approval is required.

Application is for

Accommodation Registration Fee \$ _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN.

Company name ACN / ARBN

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

I declare the information provided in this application to be true and correct.

Signature Date

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

I declare the information provided in this application to be true and correct.

Signature Date

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Select as applicable.

Business details

Type of premises

- Motel Boarding house Flats Hostel
 Other (please specify) _____

Business name must be registered with Fair Trading.

Business name BN

Street address

Locality / Suburb State Postcode

Enter postal address if different from street address.

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Real property description - refer to Rates Notice

Lot no. Reg. plan no. Parish

Name of landlord / manager (if other than applicant)

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.

Owner/s consent

Name

Street address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

I / We being the owner/s of the property described in this application hereby consent to the afore mentioned applicant/s making this application.

Signature Date

Details of shared facilities

Facilities	Number
Units (if applicable)	
Rooms (if applicable)	
Single bedrooms	
Double bedrooms	
Dining rooms	

Facilities	Number
Bathrooms (bath / shower)	
Toilets	
Kitchens	
Laundries	

Are kitchen facilities shared? No Yes

If laundry facilities are shared:

No. washing machines		No. dryers	
No. sets laundry tubs		Total no. persons accommodated	

Source of water supply to accommodation

Lodgement

Please attach the following:

1. A plan of the accommodation including the proposed use of each room and the maximum number of persons to be accommodated in each bedroom.
2. A copy of your current certificate of compliance issued under the *Fire and Rescue Service Act 1990*.
3. A copy of the evacuation plan.
4. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

Please note: This application and fee MUST be lodged with your Council

Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	