

Barcaldine Regional Council

71 Ash Street, Barcaldine
PO Box 191,
Barcaldine QLD 4725



Telephone 07 4651 5600 Facsimile 07 4951 1778

Email admin_office@barcaldinerc.qld.gov.au

Website www.barcaldinerc.qld.gov.au

Local Government
Act 2009

Mechanical Saw or Welding Plant

Application for Permit to Use Mechanical Saw / Welding

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.

Application is for

Mechanical Saw Permit

Fee \$ _____

Welding Plant Permit

Fee \$ _____

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

Applicant/s details

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 _____

Contact details

Select as applicable.

Business

Private

Contact person _____

Postal address _____

Locality / Suburb _____ State _____ Postcode _____

Contact ph. _____ Mobile _____

Contact fax _____ Email _____

<p>Business name must be registered with Fair Trading.</p> <p>Enter postal address if different from street address.</p> <p>Real property description - refer to Rates Notice.</p>	Business details			
	Business name		BN	
	Street address			
	Locality / Suburb		State	Postcode
	Postal address			
	Locality / Suburb		State	Postcode
	Contact ph.	Mobile		
	Contact fax	Email		
	Lot no.	Reg. plan no.	Parish	

<p>E.g. mechanical saw / welding plant.</p>	Machinery details			
	Address where machinery is to be used			
	Locality / Suburb		State	Postcode
	Description of machinery to be used			
	Intended purpose for use of equipment			
	When will the mechanical saw / welding plant be operated?			
	Days of operation	Hours of operation		
	Monday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm	
	Tuesday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm	
	Wednesday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm	
Thursday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm		
Friday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm		
Saturday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm		
Sunday	<input type="checkbox"/> am <input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm		

<p>Lodgement</p> <p>Provide a completed application form, supporting documentation (if required) and appropriate fee to Council - see address at the beginning of the form.</p> <p>Please note: This application and fee MUST be lodged with your Council</p>

<p>Privacy Statement</p> <p>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 <i>Right to Information Act 2009</i>) or as required by Queensland State Government.</p>

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