

Richmond Shire Council

50 Goldring Street, Richmond
PO Box 18,
Richmond QLD 4822



Telephone 07 4741 3277 Facsimile 07 4741 3308
Email enquiries@richmond.qld.gov.au
Website www.richmond.qld.gov.au

Local Government
Act 1993

Local Law
(Control of
Nuisances)

Mechanical Saw or Welding Plant

Application for Permit to Use Mechanical Saw / Welding Plant

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 _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

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

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

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 _____

Business details

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.

Business name _____ BN

Company name _____ ACN / ARBN

Street address

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Email _____

E.g. mechanical saw / welding plant.	Machinery details	
	Address where machinery is to be used	
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	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="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Tuesday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Wednesday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Thursday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Friday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Saturday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
Sunday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	

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

Office use only			
Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.		