

Croydon Shire Council

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*Local Government
Act 2009*

Extraordinary / Overdimension Vehicle

Application for Extraordinary Traffic Permit

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

Extraordinary / Overdimension Vehicle Permit

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

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Business name must be registered with Fair Trading

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

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	

Transport details

Name of driver						
Vehicle/s registration no. (including trailers)						
Load details	Length	m	Width	m	Height	m
No. axles	Steer		Drive		Trailer/s	
Est. gross weight	Steer		Drive		Trailer/s	
Destination	From		To			
Roads to be travelled in Council area						
Date of movement / /						
Period for which permit is required						
From		<input type="checkbox"/> am	<input type="checkbox"/> pm	To		<input type="checkbox"/> am <input type="checkbox"/> pm

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.

Public liability insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover \$
Policy expiry date / /	

Lodgement

Please attach the following:

1. Advice in writing from Main Roads that it agrees to the application if the vehicle is to operate on a State-controlled road.
2. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.

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

Privacy Statement

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. 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*). The information collected may be retained as required by the *Public Records Act 2002*.

Office use only

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