

Mount Isa City Council

23 West Street, Mount Isa
PO Box 815,
Mount Isa QLD 4825

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Email city@mountisa.qld.gov.au
Website www.mountisa.qld.gov.au



Local Government
Act 1993

Local Law
(Activities on Roads)

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

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

Business details

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"/>	Postcode <input type="text"/>
	Contact ph.	<input type="text"/>	Mobile <input type="text"/>
	Contact fax	<input type="text"/>	Email <input type="text"/>
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

Transport details

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

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.

Office use only

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