

# Mount Isa City Council

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Local Government  
Act 1993

Local Law  
(Activities on Roads)

## Transport of Buildings

### Application for Approval to Transport a Building

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

Transport of Buildings Approval Fee \_\_\_\_\_

#### Applicant/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I / We the applicant/s for these approvals undertake:

- to inform other authorities which may be affected by the transport of the load;
- to make good to the satisfaction of Council any damage that may occur to public facilities for which the Council is responsible, caused as a result of the transport of the building; and
- that all information contained in this application is true and correct.

Signature \_\_\_\_\_ Date  /  /

Signature \_\_\_\_\_ Date  /  /

Select as applicable.

#### Contact details

Business  Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email \_\_\_\_\_

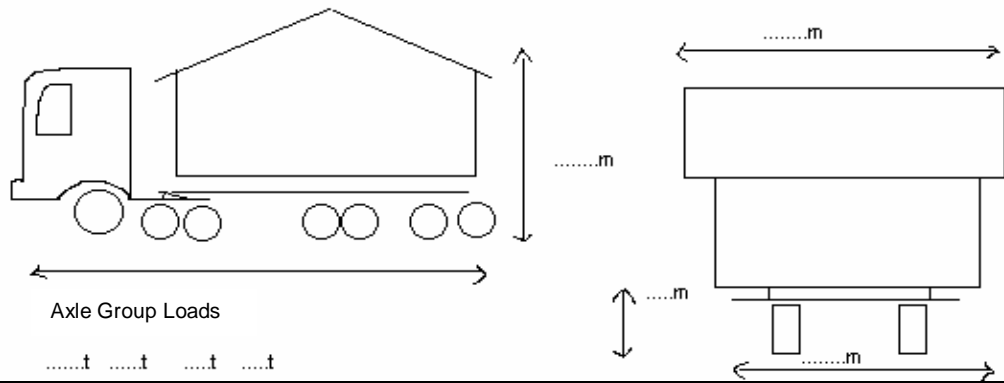
<b>Business details</b>	
Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Business name <span style="float: right;">BN <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	Company name <span style="float: right;">ACN / ARBN <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"/></span>
	Street address
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
Enter postal address if different from street address.	Postal address
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	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 _____
Real property description – refer to Rates Notice.	Lot no. <input type="text"/>
	Reg. plan no. <input type="text"/> Parish <input type="text"/>

<b>Building owner details</b>	
Select as applicable.	Family name
	Given names
	<input type="checkbox"/> Business <input type="checkbox"/> Private
	Postal address
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	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 _____

<b>Proposed transport details</b>	
	Starting address
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	Delivery address
	Locality / Suburb <span style="float: right;">State <input type="text"/><input type="text"/><input type="text"/> Postcode <input type="text"/><input type="text"/><input type="text"/><input type="text"/></span>
	Proposed route
	Date of transport <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time _____ <input type="text"/> am <input type="text"/> pm
	Travel time on Council's roads
	Full description of vehicle
	Reg. no. <input type="text"/>

## Details of load

Please detail vehicle / load dimensions and axle group loads on diagram.



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   /   /

## Other details

Is Queensland Transport approval required?  No  Yes Copy of approval attached

Public liability insurance  Copy of policy attached  Security deposit  Deposit paid

Receipt no.

## Lodgement

Please attach the following:

1. Written approval from Parks Services if there are obstructions by trees on the proposed route.
2. A copy of the approval, if required, from Queensland Transport.
3. 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.**

## Council approvals (office use only)

Rec. no.

Date   /   /

### Disconnection of water service

Does the applicant wish to retain existing water meter and supply?  No  Yes

If No, water supply disconnection fee receipt no.

### Building permit

Application no.

Building permit approved

Signature

Name of officer

Date   /   /

### Disconnection of sewerage

Sewer seal-off inspected prior to transport

Signature

Name of officer

Date   /   /

## Obstructions

### Trees

Is there obstruction of the proposed route by trees?

No

Yes

Satisfactory arrangements have been made and written approval from Parks Service is attached.

Parks work required

No

Yes

Signature

Name of officer

Date

 /  / 

### Other Council obstructions

Are there other Council obstructions on the proposed route?

No

Yes

Nature of obstruction

Private works order required

No

Yes

Signature

Name of officer

Date

 /  / 

### Approval given to transport a building

Signature

Name of officer

Date

 /  / 

Conditions