

Richmond Shire 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

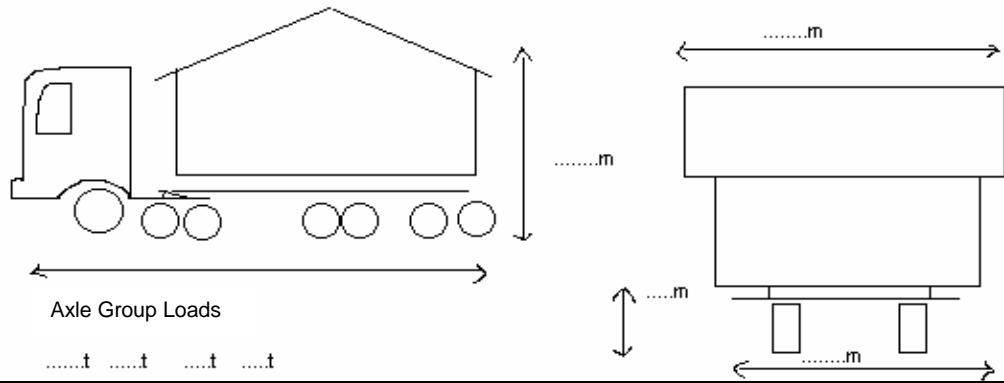
Contact fax

Email _____

<p>Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.</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 <input type="text"/>
	Company name		ACN / ARBN <input type="text"/>
	Street address		
	Locality / Suburb		State <input type="text"/> Postcode <input type="text"/>
	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"/>
	Lot no.	Reg. plan no.	Parish
<p>Select as applicable.</p>	Building owner details		
	Family name		
	Given names		
	<input type="checkbox"/> Business <input type="checkbox"/> Private		
	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"/>	
	Proposed transport details		
	Starting address		
	Locality / Suburb		State <input type="text"/> Postcode <input type="text"/>
	Delivery address		
	Locality / Suburb		State <input type="text"/> Postcode <input type="text"/>
	Proposed route		
	Date of transport	<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.

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