

Alteration of Public Land Application



Postal Address PO Box 159 Caboolture QLD 4510 **Customer Response Department**

Ph: 07 3205 0555

Internet

www.moretonbay.qld.gov.au council@moretonbay.qld.gov.au

Fees listed are applicable 1 July 2023 – 30 June 2024	ABN : 92 967 232 136
Type of alteration (construction/excavation or other proposed	works)
Planting, clearing, damaging, removing or interfering with flora, fau flora material, fauna material, soil, sand, rock, water or other mater	•
Erecting, installing, damaging, removing or interfering with any bui structure, sign or equipment (construction, drainage, earthworks).	Iding, Complete Sections 1, 2, 5, 6, 7, 8 and 9
Depositing or removing material (temporary storage/placement of materials/goods).	Complete Sections 1, 2, 3, 5, 6, 7, 8 and 9
Lighting a fire on public land.	Complete Sections 1, 2, 5, 6, 7, 8 and 9
☐ Temporary Boat Ramp Closure.	Complete Sections 1, 4, 5, 6, 7, 8 and 9
Other activities or actions not listed above that may interfere with t ordinary use or enjoyment of land.	he Complete Sections 1, 2, 5, 6, 7, 8 and 9
1. Applicant details:	
- complete Section A - individual application First name: Surname: Address (not a PO Box): Postal address: Email address: Home number: Mobile phone:	Section B Work phone:
Section B - company, incorporated association, other entity ty	
Legal name:	
ABN: ACN:	
Email address:	
Address (not a PO Box): Companies - address as registered with ASIC Incorporated associations - address as registered with ASIC	
Postal address:	
Contact person name:	
Business number: Mobile phone:	Work phone:
Email address:	

eligible for the fe	ee waiver.	Charity of Not	Ton Front organisation:	n yes, piease	provide evidence to b
2. Activity de	tails:				
Location for pro	posed work/alteration to take pla	асе:			
 confirm hold \$20,000,000:	I a current Public Liability Ins	urance Policy	to the value of		
Please provide o	details of the proposed work/alte	eration			
Reason for prop	osed work/alteration?				
L Date range requ	ired for proposed work/alteration	n:			
Start Date:		Start Time:		Finish Time:	
Finish Date:		Start Time:		Finish Time:	
What vehicles a	nd/or machinery will be used for	the proposed	work/alteration?		
	and/or equipment will be used f		d work/alteration?		
	achinery, structures, equipment bosed work/alteration for any an		ls be parked or placed	on a road rese	rve or any other public
la conhinta a cons		£ 41			
is venicle acces	s on a road or footpath required	for the propos	ed work/alteration?		
Will there be any	y temporary footpath, road closu	res or change	s to the normal traffic co	onditions?	
	y impact on existing parking (ind y other usual activity?	cluding disabili	ty parking, no stopping	zones, emerge	ency bays, pedestrian
Please provide o	details about how the existing pa	arking will be in	npacted:		
Please provide o	contact name and number on sit	e:			
If the site is requ	lired to be restored, please prov	ide details on l	now this will happen?		



If the works are asso	ociated with a building or de	evelopment ap	plication, please provid	de the applicatio	n reference number:	
Details of Entity Care	rying Out the Works:					
Company Name:	ying out the works.					
Postal Address:						
Contact Name:			Contact P	none Number		
	r removing material (temporary storage, placement of materials/goods).					
	of materials/goods and quar			and the same of th		
,			•			
When will the goods	or materials be delivered to	the proposed	location?			
Date:		Start Time:		Finish Time:		
When will the goods	or materials be removed from	om the propos	ed location?	I		
Date:		Start Time:		Finish Time:		
	pat Ramp Closure					
What is the location	•					
	·					
What is the reason f	or the temporary boat ramp	closure? - Ple	ease provide all operat	ional details		
Please list all alterna	atives that were considered	and the reaso	ns why they were reie	cted in favour of	a temporary boat	
ramp closure						
	_					
	orary boat ramp closure is	· ·		Г		
Start Date:		Start Time:		Finish Time:		
Finish Date:		Start Time:		Finish Time:		
5. Conditions for	alteration of public lan	d:				
For the applicable m	andatory conditions see mo	oretonbay.qld.ç	gov.au/Services/Licend	ces-Regulations	/Alteration-Of-Public-	
6. Checklist for	application:					
	pplication Fee (no payment	required if evi	dence of a Registered	Charity or Not f	or Profit organisation	
	please see moretonbay.qld	_		_		
	ommercial Use of Public La organisation is provided) - p ts					
	current Public Liability Insu	•				
☐ Site Plan (if a	eclaration of Applicant and I oplicable)	ınaemnity sect	ions on this Application	ı Form		
Completed Risk Management Plan						
	e read and understood the	conditions				



7. Declara	ation of	applicant:						
☐ I ackno	owledge	the information	provided in this app	lication is, to m	ny knowledg	e true an	d correct.	
☐ I ackno	owledge	I have the author	ority to sign this appl	lication on beh	alf of the leg	jal entity.		
☐ I confi	rm I have	e read and unde	rstood the condition	s relevant to th	nis applicatio	n.		
☐ I unde	rstand th	nat Fees and Ch	arges may be payal	ole on lodgeme	ent of this ap	plication		
☐ I am 1	8 years	of age or older a	t the time of making	this applicatio	n.			
Signature:				D:	ate:			
your personal in Land Local Law	ty Council formation 2023. If yo will also u	as part of this asses our application is ap	ssment. The collection of proved, Council will forwa	this information is ard your personal i	authorised un information to it	der Moretoi nternal and	ternal stakeholders may be fon n Bay City Council Alteration of external stakeholders to advise contact you about other functio	f Public e of the
8. Indemn	ity for a	approvals grar	nted under a More	eton Bay City	Council L	ocal Lav	v:	
In considera			Council ("Council")	, giving approv	val for <i>(Nam</i>	e of act	ivity to which the appro	oval
At (Address	/area wł	here the activity	vis to be undertake	en):				
(Applicant	Name):							
be ma death Activity	de or bro of any po y.	ought against Co erson or loss of	ouncil, its employees or damage to any pr	s, contractors a roperty caused	and elected by, arising	members out of or	n, suit or proceeding that for personal injury to or as a consequence of the	•
			s not made any clair nd I have satisfied n			vith regai	rd to the suitability of the	
Name of App	olicant:							
Signature:						Date:		
] L		
9. Paymer	nt Optio	ons:						
On receipt of	fapplicat	tion an invoice w	ill be generated and	d sent to you. T	he following	g paymer	nt options will be available) :
		<u>r Web</u> ouncil's website: noretonbay.qld.g		B			ipating financial payment from your	
		ent can be made Iture, Redcliffe a			Mail Moreton B PO Box 15 Caboolture	59		



Pay by Phone Call (07)3480 6346