

PERMIT APPLICATION Temporary road closure - works/events (Local law 49)

Permit application fee applies

CITY OF WODONGA Environment and Community Protection Local Law

(Local Law No. 1 of 2014)



ABN: 63 277 160 265

Tax Invoice

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Applicant	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
	Given name:
	Surname:
	Organisation/trading name:
	Address:
	Suburb: State: Post code
	Phone (work):
	Phone (home):
	Mobile:
	Fax:
	Email:
Description of: <input type="checkbox"/> Works to be carried out OR <input type="checkbox"/> Event or function	<hr/> <hr/> <hr/> <hr/>
Location of event:	
Dates and time of closure:	
How do you intend to notify those affected by the road closure?	<hr/> <hr/> <hr/> <hr/>
What alternate access is proposed - (if required)?	<hr/> <hr/> <hr/> <hr/>
What barricades and warning devices are intended to be used?	<hr/> <hr/> <hr/> <hr/>

How do you intend to provide the necessary infrastructure/ facilities?	<hr/> <hr/>
Will the council requirement of a 1.8 metre wide footpath be adhered to at the event?	<hr/>
Please attach a copy of your Traffic Management Plan, supplied by your appointed Traffic Management company.	
Please provide an emergency contact person and mobile number	<hr/>
<input type="checkbox"/>	I understand that public liability insurance is required to the minimum value of \$10 million with Wodonga Council's interest noted, and confirming items subject to the permit are covered outside the premises, and have attached a copy of my insurance with this application.

Signature of applicant: _____

Date: _____

Office Use Only:

WORKS:

Receipt number: _____	Date Paid: _____	Licence prepayment no. _____
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EVENTS:

Receipt number: _____	Date Paid: _____	Booking/rec reserve: _____
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In person - EFTPOS, credit card, cheque* or cash

Mail options - cheque or credit card (please complete credit card details below):

Card number:

Expiry date:

CCV number
(three digit number on back of card)

Name on card:

Signature:

* Please make cheques payable to 'Wodonga City Council'.