Application for Local Law Permit Part 2 - Recreational Vehicles



Applicant Details	Given Name Middle Name Family Name Residential Address			
	Street	Suburb		Postcode
	Telephone No: Email:		Mobile No: Preferred contact times:	

Business Details	Business Name / Trading Name Business Address				
	Street	Su	burb	Postcode	
	Proprietor/Director Name:				
	Given name	Middl	e name	Family name	
	Telephone No:		Mobile No:		
	Fax No:		Preferred contact times:		
	Email:				

I wish to apply for the following permit type:

Permit Type Ap	Application for Recreational Vehicle(s) Permit
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Additional Permit Information Recreation Vehicle Permit for use at the Property located and known as: The potential for environmental damage The impact on the amenity of the neighbourhood The suitability of the land for use by recreational vehicles The number of vehicles for which the permit is required The days, times and hours when the vehicle(s) is/are to be used (EPA Guidelines applicable) The risk of danger to person or property Any other relevant factor

Please Note:

Council will also have regard to any submissions for the area and adjacent owner and occupiers.

Mail PO Box 18 Ballan Vic 3342

Ballan 15 Stead St Ballan

Bacchus Marsh 215 Main St Bacchus Marsh

Darley 182 Halletts Way Darley

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Additional Information

Engine capacity and type (4 stroke or 2 stroke)			
lf you require extra space, please attach an additional pa	ge		
DECLARATION			
oss or misuse. Information collected from you is required for the delive ourposes under the Local Government Act 1989 and other relevant legis	vill do everything possible to protect information from unauthorised access, ary of Council services in accordance with Council's powers, functions and slation. It may also be used by Council to conduct research and customer is and can improve service delivery. Should you need to change or access 00.		
(please print) (with relevant legislation and declare that this information is correct to the	understand that the information provided above will be used in accordance		
mai rotovani regiolation and deciale triat trio information to collect to tri	Door of my knowledge.		
Date	Signed by Applicant		
Signature of Owner where required	Name of Owner		
Signature of Owner where required	INAILIE OI OWITEI		
Address of Owner	Officer		

