



ROAD OCCUPANCY PERMIT APPLICATION

Office Use Only

APP. No: _____ File No: _____

SECTION A. Property Details

Street Address

Suburb

Post Code

Lot

DP

SECTION B. Type of Application

Road Occupancy Permit

Please tick which best describes the activity to be completed:

Crane / Concrete Pump

Works Zone / Truck Zone

Hoarding Zone (over footway)

Shoring / Ground Anchors

Skip Bin

Other road occupancy - except Special Events - that does not require excavation of the road or verge, - identify activity in 'Description of Proposed Works' below

SECTION C. Description of Proposed Works (including Estimated Dates and Times

Please provide a brief description of the activity associated with this application (attach certified Traffic Control Plans as required):

SECTION D. Owner's Consent (not Required for Road Reserve)

As owner(s) of the land to which this application relates, I/we consent to this application.

Please provide name, address and phone number:

Owner A

Owner B

Signature A

Date

Signature B

Date

SECTION E. Details of the Applicant Undertaking the Work

Name

If Company, Contact Person

Street Address

Suburb

Postcode

Business Phone

Mobile Phone

Email (compulsory)

Applicant Declaration

I, the undersigned, formally apply to obtain a Road Occupancy Permit in accordance with the Council Specifications, Standard Drawings, Environmental and other applicable legislation relating to this application. The owner(s) (if different from the applicant) of the above property has consented to the lodgement of this application to Camden Council.

Signed (Applicant)

Date

Copy of Public Liability Insurance to a value of at least \$20,000,000 attached

SECTION F. Information Delivery Options

Mailed

Emailed to:

Left at Camden Council for collection

SECTION G. Payment Details

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Fee Details	Account No.	Fee	Date	Receipt
	04650.1069.267 ROCC			

Credit Card Authorisation

These details will be destroyed once payment is processed.

Type of Credit Card (please tick) MasterCard Visa Card

Expiry Date: ___ / ___

Merchant Service Fee .65%

Account Number:

Name on Card

Cardholder's Signature

Date

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