

Privacy Act 2009 information will no	ouncil is collecting personal information you supply on this form in accordance with the <i>Information</i> . Your personal information will be used by Council officers who have been authorised to do so. The of the given to any other person or agency unless required by law or unless your permission is sought. It is accordance with the <i>Information Privacy Act 2009</i> .		
A non-refunda a minimum of	tks MUST NOT COMMENCE PRIOR TO THE ISSUE OF A COUNCIL PERMIT. Table fee applies if applicable. Application with payment must be submitted to Council ten (10) business days prior to proposed commencement date of work. To ensure tion can be addressed within the timeframe required, please email to c.qld.gov.au		
PROPER	TY OWNER DETAILS		
NAME			
POSTAL ADDRESS			
PHONE	EMAIL		
APPLICA	NT / CONTRACTOR DETAILS		
NAME			
POSTAL			
ADDRESS			
PHONE	EMAIL		
PROPER	TY / SITE DETAILS		
PROPERTY	Y ADDRESS		
LOT & PLA	N NO		
DRIVEWA	AY TYPE		
	New driveway		
	Change and/or move existing driveway		
	Secondary driveway (the property must have minimum 30m road frontage)		
PROPOS	ED DRIVEWAY		
	Urban residential driveway (crossing) – in accordance with standard drawing CMDG-R-041 and associated conditions		
	Commercial driveway (crossing) – in accordance with standard drawing CMDG-R-042 and associated conditions		

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	Rural residential driveway (crossing) – in accordance with standard drawing CMDG-R-040 and associated conditions				
	Non-standard driveway				
DRIVEW	/AY SPECIFICATIONS - (REFER TO CDMG DOCUMENTS FOR GUIDANCE)				
WIDTH O	F DRIVEWAY				
LENGTH	OF DRIVEWAY				
DISTANC	E TO BOUNDARY				
	ALS USED E.G. CONCRETE				
	ONE ONLY – PROVIDE PIPE SIZE				
	RE ANY OTHER COUNCIL APPROVALS RELATING TO THIS APPLICATION SUCH AS PMENT APPLICATIONS / OPERATIONAL WORK ETC				
If Yes, ple	ase provide details of current application/s:				
PROPOS	SED WORKS DATES				
PROPOS START	SED WORKS DATES END				
START					
START	END				
START PROPOS START	SED TERM OF APPROVAL				
START PROPOS START SUPPOS	SED TERM OF APPROVAL END				
START PROPOS START SUPPOS	SED TERM OF APPROVAL END RTING DOCUMENTS				
PROPOS START SUPPOR The following	SED TERM OF APPROVAL END RTING DOCUMENTS ng documents are required to be submitted in conjunction with this application.				
START PROPOS START SUPPOF The followin	SED TERM OF APPROVAL END RTING DOCUMENTS ng documents are required to be submitted in conjunction with this application. Site Plan – showing location and measurements of driveway				
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CONDITIONS & DECLARATION / ACKNOWLEDGEMENT

CONDITIONS	 The applicant takes full responsibility for locating and protecting all services in the area. It will be the applicant's responsibility to repair damaged infrastructure and underground services at their own cost and must obtain all relevant approvals, permits and consents from utility service providers. Dial 1100 'Dial Before You Dig' for underground services BEFORE commencing any works. Ensure all works carried out do not interfere with access to any public convenience or private premises. Work within the road reserve shall be sign-posted in accordance with the approved Traffic Management Plan and Traffic Guidance Scheme. The construction area should be barricaded off at all times to ensure the safety of the general public. The applicant is to notify public and surrounding landholders of activities undertaken in the road reserve. A joint inspection will be carried out at the end of activities with the applicant and Council. The site must be kept in a clean and tidy state at all times. All rubbish is to be removed and properly disposed of in a registered landfill site. The applicant/permit holder and the applicant/permit holder's agent or contractor must comply with any direction given by Council or its authorised person. It is the responsibility of the owner/applicant to carry out checks to ensure no vegetation, heritage or environmental listing is attached to the site.
DECLARATION	As the applicant/s I/we hereby certify that:
	 I am the relevant person with authority to make this application and the details provided in this application are correct.
	 I understand that no works can commence until a Council Permit has been issued for these works.
	3. I understand that, if this application is approved, I will be provided with a permit for the ongoing existence of the vehicle crossover (driveway) that will entail conditions which I will be bound to comply with as long as the vehicle crossover (driveway) remains on Council controlled land (the footpath).
	 I acknowledge that if this application is for a standard vehicle crossover (driveway), that it will comply with the current CMDG drawings and associated standards.
	 I acknowledge that submission of this application does not constitute a grant of approval and Council reserves the right to refuse this application.
	I hereby declare that the information I have provided on this form is true and correct.
SIGNATURE OF APPLICANT	Date
PRINT NAME	

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FEES AND PAYMENT METHODS

Application fees only apply to new installations (not upgrading of current structures) and are available in Council's "Schedule of Fees and Charges" each year.

PAYMENT METHOD	☐ Mastercard	□ Visa					
CARDHOLDER NAME							
CARD NUMBER							
TOTAL AMOUNT CHARGED	EXP	RY DATE	CVV				
Fees can also be paid in person at any Isaac Regional Council Office using a range of payment options including cash, cheque, credit card or EFTPOS. Payment by credit card via phone can be arranged upon receipt of your application. NOTE: Application will not be assessed until payment is received.							
PUBLIC LIABILITY INS	URANCE						
Note: The Applicant/Contractor completed in the Applicant will be completed application. If the Applicant intends to Certificate of Currency prior to commendation.	ing the works, a Certificate of Cu engage a Contractor to undertal	rrency (CoC) must be provided at the	time of lodging this				
POLICY HOLDER							
INSURER							
POLICY NUMBER		VALID UNTIL					
Once completed please send form and any attachment to: records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744 or deliver in person to your local Isaac Regional Council office							
DEPARTMENT USE ON	ILY	<u> </u>					
☐ Approved as per application	☐ Approved with mod	ification (see notes below)	\square Not approved				
NOTES							
PROCESSED BY	ature	Date					
Print	Name	——— Date					
APPROVED BY	ature	Date					
Print	: Name	Date					

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