

## **Asset Protection Permit**

		is required to work in Cour ny works that risk damage			eserves	s under Council's local lav	V					
GENERAL INFORMATION			Select the <b>ROLE</b> that best describes you									
Date:	/	/ 20										
Council Ref:			Contro									
Your Ref:			<ul> <li>Utility</li> <li>Other specify)</li> </ul>									
APPLICANT DETAILS	S											
Name:												
Address:												
				Stat	e:		Post	Code:				
Contact Person:						Telephone:						
Email:						Mobile:						
DETAILS OF WORK												
Start Date (Estimated):					End Date (Estimated):							
Work Hours	From	:	AM / P	M	То:			AM /	PM			
Address of Work	s:							🗖 Sam	ie as A	pplico	ant	
Please select the	e type	of works (mark all rele	evant boxes	5)								
Vehicle Crossove	er / Dr	iveway			Swimming Pool / Spa							
Utility Connection / Extension					Pool House							
Dwelling Construction/Extension/ Renovation/Demolition					Garage Extension / Renovation / Demolition							
Other Works (Spe	ecify)											
Description of W	orks:											
Sketch plan: A c	ору о	f a sketch plan showir	ng the prope	osed v	vorks,	the location, all asse	ts withi	in the vicir	nity mu	ust be i	provide	ed
Please select the	e type	of Council Assets which	ch would be	e affec	ted b	by the Construction W	orks.					
Road				Kerb and Channel								
Footpath			Nature Strip									
Other (Please Sp	ecify)											
Is there any pre	existing	g damage to any Cou	uncil Assets									
(It is highly advisable to record before and after photos of Cou				uncil	Assets).	Ye	es 🗖		No			
Description of De	amage	e:										



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CONTRACTOR DS (the person or body v	who was/will be responsible for co	nducting the wo	orks)	Same as	Applican	t		
Contractor or Company Name:								
Contractor Address:								
	City/Town:	State:		Post Code:				
Name of Works Manager:								
Telephone:	Mobile:	Emai	l:					
Contractor's Public Liability	Amount of PLI Cover:		PLI Policy No:					
Insurance [PLI] – attaché a copy of the Insurance policy)	Name of PLI Company:							
TRAFFIC IMPACT								
(Note: refer s99A of the Road Safety	<ul> <li>Will a Traffic Management Plan be in operation during the proposed works         (Note: refer s99A of the Road Safety Act 1986 and Code of Practice for Worksite Safety - Traffic Management)         Please attach Traffic Management Plan if yes     </li> </ul>							
2. Please provide any other relevant traffic information, including impact on pedestrians (including provision for people with disabilities) and cyclists								
BOND								
Council may determine that due to the high risk of damage or reinstatement requirements for Council infrastructure that a bond will be required. The applicant will be notified by council upon application if a bond will be necessary and the amount required. If council is not satisfied with the reinstatement/ condition of the infrastructure the applicant's bond will be forfeited.								
CONSULTATION								
Have you consulted with adjoining p	property owner(s)/occupier(s) ar	nd/or affected	members of the com	nmunity 🗖 Ye	s 🗆 No			
Date consulted: / / 20	ls ac	cess affected		□ Yes	□ No			
Mitigation Plan:								
						•••••		
DECLARATION								
I declare that I am the applicant; ar	nd that all information I have sup	plied in this ap	plication is true and a	correct.				
I declare that I am the applicant; and that all information I have supplied in this application is true and correct. I accept and undertake to comply with the conditions specified on the permit and I will pay, on demand, any sum necessary to make up the full cost of restoration for any damage caused by works should they not be satisfactorily completed within the required time frame. I agree to inspect the site and report on any existing damage to Council prior to commencing work. I will be liable to pay full restoration costs, should I fail to report such damage.								
I accept if council have determined that damage caused by works and/or unsatisfactory reinstatement of infrastructure; has occurred any bond payed will be forfeited to Hepburn Shire Council for satisfactory restoration/reinstatement.								
I agree that I am responsible for the safeguarding of the public against injury and for maintaining the site during the existence of the work in a safe condition at all times.								
If for some reason the work cannot be undertaken on the day of approval, I undertake to contact Council on that day to advise. Otherwise a new permit will need to be applied for if the work is rescheduled.								
I understand and accept that all fee By signing this application, I agree th complied with.		accept the co	onditions. I accept th	at all these c	onditions	must be		
Signature of the Applicant:			Date:			•••		
Name of the Applicant:								



## Conditions

Receipt Number:

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**Commencing work:** work shall not commence until a permit is issued, except in the case of an emergency. Before excavating, check for undergound services by visting <u>www.dialbeforeyoudig.com.au</u> or phoning 1100.

**Significant vegitation:** any removal of vegetation without approval, or damage to vegitation which in the opinion of Council will detrimentally affect the life of the vegitation will result in the forfeiture of the bond held by Council.

Vehicle crossing construction: a separate permit is not required if crossover construction is included in the works. Guidelines for placement and spacing of crossover can be found on Council's website at <u>www.hepburn.vic.gov.au</u>.

Damage to Council Assets: any damage to Council assets by service authorities will be the contractor carrying out works must be supplied with your application.

**Public liability insurance:** a copy of public liability certificate of currency for the contractor carrying out the works must be supplied with your application.

## Please provide banking details for return of the security bond:

Institution Name									
Account Name									
BSB Number		Account Number							
CREDIT CARD PAYMENTS									
Please debit my credit card for the amount of (application fee applicable shall be selected from the schedule below)									
Accepted Cards: Visa MasterCard									
Card Number: Expiry Date: /									
Name of the Card Holder:									
Signature:									
RECEIPTING		SCHEDULE OF APPLICATION	FEES AND CHARGES						
To Mnemonic: <b>Permit-R</b>	oad Openings		Use		OFFICE				
(GL 10-1047-1001-41148)		Major Works on a Road,	Shoulder or Pathway	\$383.80	USE				

Minor Works on a Road, Shoulder or Pathway

Minor Works but NOT on a Road, Shoulder or

Pathway

ONLY

\$151.90

\$98.00