



CARAVAN PARKS AND CAMPING GROUNDS APPLICATION

For use when lodging an application for Local Government
(Manufactured Home Estates, Caravan Parks, Camping
Grounds and Moveable Dwellings) Regulation, 2005

Revision No. 22-10-2017

OFFICE USE ONLY

Place Stamp Here

Receipt No:

Date:

Application No:	Parcel No:
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PART 1 – APPLICATION DETAILS

INFORMATION FOR APPLICANT

Prior to lodging this form, please Submit a current copy of the community map and completed Annual Fire Safety Statement Form. Failure to submit all necessary information may result in a delay in the processing and finalisation of your application.. Fees must be paid at the time of lodgement.

APPLICANT DETAILS *Please indicate by 'X'*

INDIVIDUAL LODGEMENT <input type="checkbox"/>		COMPANY LODGEMENT <input type="checkbox"/>	
Surname		Company	
First Name		Company Contact	
Address	phone	PO Box	Telephone
Suburb	Mobile	Postcode	Mobile
Email		Customer Reference	

CARAVAN PARK DETAILS

Caravan Park Name		
Unit No	House No	Street
Suburb		Site Area m ²
Lot(s)	Section	Deposited Plan (DP)
Other		Strata Plan (SP)

PART 2 – ADDITIONAL INFORMATION

CARAVAN PARK FACILITIES

LONG TERM RESIDENCE:

Number of Sites	Identified as site numbers
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SHORT TERM RESIDENCE:

Number of Sites	Identified as site numbers
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CAMP SITES:

Number of Sites	Identified as site numbers
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TOTAL NUMBER OF SITES

CARAVAN PARK FACILITIES PROVIDED

Are private facilities provided for any long term or short term sites? Yes No

If yes please indicate which sites are affected and the facilities which are provided::

Site Numbers

Facilities Provided:

<input type="checkbox"/> Toilets	<input type="checkbox"/> Showers	<input type="checkbox"/> Handbasins
<input type="checkbox"/> Tubs	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Dryers
<input type="checkbox"/> Line Space	<input type="checkbox"/> Ironing Facilities	<input type="checkbox"/> Other

CARAVAN PARK COMMUNAL FACILITIES *provided for use by both long and short term residence*

Toilets	Male	Female	Disabled
Showers	Male	Female	Disabled
Handbasins	Male	Female	Disabled
Laundry	Washing Machines	Line Space	Washing Tubs
	Ironing Facilities	Clothes Dryers	

Other Facilities Provided.

PART 3 - OWNER(S) DETAILS AND CONSENT

OWNER(S) DETAILS AND CONSENT

Name(s)		Company	
		Position Title	
Postal Address	State	PO Box	Telephone
Telephone	Mobile	Post Code	Mobile

I/We the undersigned are the owner(s) of the property described in the application and consent to its lodgement. I/We hereby permit a duly authorised officer of Cessnock City Council to enter the land or premises to carry out inspections and undertake work as required for the administration of the Acts, Regulations or Planning Instrument. I/We authorise Cessnock Council to provide copies of notice(s) / Order(s) relevant documentation and communication with contactors relating to the works. I /We understand that as owner(s) of the property I/We have an obligation to fulfill the terms and conditions of the order otherwise penalties may apply

Signature(s)

Name of Person signing *(Please print)*

Please indicate by 'X' Private Land Owner Sole Director Director, Secretary & Company Seal

Note: If signing on the owner's behalf, please state your legal authority and provide documentary evidence (e.g., copy of power of attorney, trust deed etc).
Note: In the case of land that is the subject of a strata scheme under the [Strata Schemes \(Freehold Development\) Act 1973](#) or the [Strata Schemes \(Leasehold Development\) Act 1986](#), the owners corporation for that scheme must be constituted under the [Strata Schemes Management Act 1996](#). **Note:** In the case of land that is a community, precinct or neighbourhood parcel within the meaning of the [Community Land Development Act 1989](#), the association for the parcel must provide consent.
Note: If signing on behalf of a corporate body or company, the application should be signed by an authorised person under common seal and the position of that person in the corporate body or company must be stated on the form. Alternatively, the Common Seal is not required if two Directors or authorised persons sign the application form, or if you are a sole Director.

PRIVACY NOTIFICATION

Personal and private information supplied to Council is managed in compliance with the Privacy and Personal Information Protection Act 1998. The supply of this information is not voluntary, as it is required by law in order to process your application/request. The intended recipients of the personal information are Officers within the Council, agents/contractor of the Council and other statutory authorities. You may apply for access or amendment to your personal information held by Council. You may also request that Council suppresses your personal information from a public register. If you have any further enquiries concerning this matter, contact Council on (02) 4993 4100, or the Information and Privacy Commission 1800 472679 or email <mailto:ipcinfo@ipc.nsw.gov.au> or the website www.ipc.nsw.gov.au.

HOW TO LODGE YOUR APPLICATION

<p>Address the application to</p> <p>General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325</p> <p>OR</p> <p>General Manager Cessnock City Council DX 21502 CESSNOCK</p> <p>Payment Method By mail - Cheque, Money Order or Credit Card (<i>complete the section below</i>)</p>	<p>Lodge in person (between 9am – 4.30pm) at Council’s Administration Building</p> <p>Cessnock City Council 62-78 Vincent Street CESSNOCK NSW</p> <p><i>You will need to spend some time with a Customer Service Officer when lodging your application. Typically you will require 30 minutes, however this may vary depending on the complexity of your application</i></p> <p>Payment Method In person - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.</p>	<p>How to Contact Us Phone: (02) 4993 4100 Fax: (02) 4993 2500 Email: council@cessnock.nsw.gov.au www.cessnock.nsw.gov.au</p> <p>Office Hours 9am to 5pm Monday to Friday <i>*Payments are accepted until 4.30pm</i></p> <p>Duty Officers are available weekdays: Planning - 9am to 5pm Building - 9 to 10am & 1 to 5pm</p> <p>Fees Fees are calculated in accordance with Council’s adopted fees and charges.</p>
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If you require further information regarding this request, please contact Council’s Customer Service Centre on (02) 4993 4100.

Cessnock City Council takes the privacy and security of personal information very seriously. To eliminate the risk associated with Credit Cards, Council does not collect or store Credit Card information.

Credit Card payments are processed by Council’s Call Centre using a call in or call back facility. Customers are able to select their preferred option.

If you wish to make payment via Credit Card, please nominate your preferred telephone contact number for our Customer Service Team to contact you on.

Payment Contact Name:	Payment Contact Phone Number:
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ANNUAL FIRE SAFETY STATEMENT

Revision No. 22-10-2017

OFFICE USE ONLY

DA No:
 CC No:
 CDC No:
 Parcel No:
 Receipt No:
 Date:

PART 1 - STATEMENT DETAILS

NOTES

The owner of a building or the owner's agent (who has power to sign on owner's behalf) needs to provide an Annual Fire Safety Statement to Council each year where an essential fire safety measure applies. A copy of the statement must be given to the Commissioner of Fire & Rescue NSW and displayed in the building in a prominent position.

BUILDING OWNER DETAILS

Name		Company	
Postal Address		PO Box	Telephone
Suburb	State	Postcode	Mobile

BUILDING DETAILS

Unit No	House No	Street
Suburb		
Lot(s)	Section	Deposited Plan (DP)
Other		Strata Plan (SP)
Property known as		Nearest Cross Street

DESCRIPTION OF THE BUILDING

Description of the building/s

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ASSESSMENT OF FIRE SAFETY MEASURES

List each essential fire safety measure specified in the Fire Safety Schedule for the building

Measure	Standard of performance required by the Fire Safety Schedule	Date of Assessment

If you need more space, please attach additional pages

INSPECTION OF THE BUILDING

Date the building was inspected in relation to fire safety notices, fire exits and paths of travel to fire exits

Inspection Date _ _ / _ _ / _ _ _ _

PART 2 – CERTIFICATION

ANNUAL FIRE SAFETY STATEMENT

I _____ of _____
(Insert Name) (Insert Address)

Being the owner of the building described above, or the agent of the owner (who has the power to sign on the owner's behalf), certify that: Please indicate by 'X'

Each of the essential fire safety measures listed above has been assessed by a properly qualified person; and

Each essential fire safety measure specified in the Fire Safety Schedule was tested and found to be capable of performing to at least the standard set out in the schedule; or

Each additional fire safety measure, installed in the building but not specified in the Fire Safety Schedule was tested and found to be capable of performing to at least the standard for which the measure was originally designed and implemented; and

A properly qualified person has inspected the building and found, that no fire safety offences have been committed under the Environmental Planning and Assessment Regulation 2000 in relation to fire safety notices, fire exits and paths of travel to fire exits;

The information contained in this statement is true and accurate to the best of my knowledge and belief.

FIRE & RESCUE NEW SOUTH WALES REQUIREMENT

A copy of this statement must be emailed to the Commissioner of Fire & Rescue NSW at the following address: afss@fire.nsw.gov.au

A copy of this statement was emailed to Fire & Rescue NSW on: _ _ / _ _ / _ _ _ _

PART 3 – OWNER DECLARATION

OWNER SIGNATURE

The owner of the building, or the owner's agent (who has power to sign on the owner's behalf), must complete and sign the statement

Signature(s) _____ Date _____

Name of Person signing (Please print)

Address

Please outline the capacity in which you are signing if you are not the owner of the building

CAUTION: Failure to submit an annual fire safety statement is a breach of the Environmental Planning and Assessment Act, 1979 wherein significant penalties may result. You are required to advise Council when information relevant to this statement changes or is found to be incorrect.