

ROAD EVENTS AND ACTIVITIES TEMPORARY ROAD CLOSURE APPLICATION FORM

OFFICE USE ONLY								
DA No:								
Parcel No:								
Receipt No:								
Date:								
Receipt Key / Type: 187								

						PART	1 - A	PPLIC	ATION DE	TAILS	
APPLICANT DE	TAILS										
Name					Co	Company					
Postal Address	Postal Address				PO Box			Telepho	Telephone		
Suburb	Suburb			te	Postcode		Mobile	Mobile			
Email					Cu	ıstomer F	Reference				
PROPERTY DET	AILS										
Unit No	nit No House No				Street						
Suburb	Suburb				Site Area m ²						
Lot(s)	ot(s) Section				Deposited Plan (DP)			OP)			
Other						Strata Plan (SP)					
LOCATION											
Roadway	Footpath	F	Road Status	s	Clas	ssified		Unclassi	ified		
DATE & TIME O	F ACTIVITY										
Is the event a 's	ingle date' o	r 'multi	iple date' ev	/ent?	Sing	gle		Multiple	Multiple Date		
Date(s)	Date(s) Start Time			Fin	ish T	sh Time					
ACTVITY TYPE											
More than 500 participants and spectators (Development Application may be required)											
500 or fewer participants and spectators											
Police Controlled Event											
DESCRIPTION C	F THE PROP	OSED	ACTIVITY /	EVENT							
								·············			
No. of staff / volunteers					numb	er of att	endees		Total		
DECLARATION											
I hereby make application to Council for permission to develop, as per plans and specifications submitted. I understand that if the information submitted is incomplete, the application may be delayed, rejected or more information may be requested. I undertake to develop in conformity with such approval and Acts and Codes.											
Applicant(s) Name								Date			
Applicant(s) Sign	ature										

PLEASE SUBMIT THIS COMPLET	ED CHECKLIST WITH YOUR APPLICATION.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI/A
Shown the direction of north on the	Yes	N/A		
All contact information and details o				
A Traffic Management Plan				
A Traffic Control Plan(s)				
A Risk Assessment to confirm the e road users as a result of the activity A copy of your Public Liability Insura		atrons and other		
Copies of approvals from other exte	rnal authorities			
"Form 1 – Notice of Intention to Hol NSW Police Force	d a Public Assembly" form with lodgement conf	rmation from the		
RMS Road Occupancy Licence App				
NSW Police Force approval				
Approval to film (from Screen Hunte				
	PART 3 – LOD	GEMENT II	NFOR	MATION
HOW TO LODGE YOUR APPLICA	TION			
Address the application to General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325 OR General Manager Cessnock City Council DX 21502 CESSNOCK Payment Method By mail - Cheque, Money Order of Credit Card (complete the section below) If you require further information regard		How to Contact Us Phone: (02) 4993 4300 Fax: (02) 4993 2500 Email:council@cessnock.nsw.gov.a www.cessnock.nsw.gov.au Office Hours 9am to 5pm Monday to Friday *Payments are accepted until 4.30pm Fees Fees are calculated in accordance with Council's adopted fees are charges.		
CREDIT CARD PAYMENT AUTHO	RITY			
CREDIT CARD PAYMENT DETAIL	S			
VISA	Card Holder Phone Number			
MASTERCARD	NO//	/	CVV	
EXPIRY DATE	NAME ON CARD			
SIGNATURE		1		
	GE IS NOT TO BE Scopies to be destroyed according to		ED	