

APPLICATION FORM SKIP BIN PERMIT



TOWN of
EAST FREMANTLE

135 Canning Highway, East Fremantle
admin@eastfremantle.wa.gov.au
9339 9339

APPLICANT DETAILS					
Name:					
Company:					
Postal Address:					
Contact Number:		Mobile:			
Email:					
PERMIT INFORMATION					
Address					
Location:	<input type="checkbox"/> Road	<input type="checkbox"/> Verge			
Size:		m ³ (cubic meters)			
Delivery Date:		Collection Date:			
DECLARATION					
Signature:		Date:			
PERMIT FEES AND CONDITIONS - Please allow 4 days for your application to be processed					
<ul style="list-style-type: none"> Permit fee of \$50.35 is payable. Permits are valid for up to 1 month Extensions will only be considered if they are applied for prior to the expiry of the existing permit. Fee of \$12.75 payable. Footpath is to be kept clear at all times. Right of way and line of sight to neighbouring properties is to be kept clear at all times. Carriageway and verge area to be cleaned of all debris upon removal of the skip bin. Where the skip bin is to be positioned on a carriageway: <ul style="list-style-type: none"> It is to be as close to the kerb as possible ensuring outer side does not project outside solid white line delineating parking area from roadway travel lane. Warning cones at each external corner of the skip bin. A vehicle is to be parked behind the bin at night to allow vehicle's rear reflectors to warn of the hazard on carriageway or install a flashing hazard light or reflectors on each corner of the skip bin. You are responsible for the cost of all repairs to the carriageway that may be caused by the placement of the skip bin on the carriageway. Skip bins are not to be placed within one (1) meter of fire hydrant or hydrant asphalt markings on carriageway. Skip bins are not to be placed in loading bay. <p><i>Please note this is not an exhaustive list of conditions. Each application will be assessed on a case-by-case basis and other conditions may be required.</i></p>					
PAYMENT DETAILS - Please provide your credit card details below or leave blank and the Town will contact you for payment					
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	Name on Card:	
Credit Card Number:		/		/	/
Expiry Date:		/			