

APPLICATION FORM SKIP BIN PERMIT



APPLICANT DETAILS

Name: _____

Company: _____

Postal Address: _____

Contact Number: _____ Mobile: _____

Email: _____

PERMIT INFORMATION

Address _____

Location: Road Verge

Size: _____ m³ (cubic meters)

Delivery Date: _____

Collection Date: _____

DECLARATION

Signature: _____ Date: _____

PERMIT FEES AND CONDITIONS

- Permit fees are as per the Town of East Fremantle's Schedule of Fees and charges.
- 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.
- 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:
 - 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.

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.

OFFICE USE ONLY

Ranger					
<input type="checkbox"/> Inspect Location	Date: _____	Issue Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Approving Officer	Name _____	Signature _____		Date: _____	
Administration					
<input type="checkbox"/> Take Payment	Receipt No. _____	<input type="checkbox"/> Email Permit		Date: _____	