



Application to Locate a Building Waste Container on a Public Street or Footpath

Please read the Conditions of Use carefully before completing the application form. Note that this application is subject to general conditions specified hereon and any other special conditions attached hereto, and subject also to payment of the appropriate fee in accordance with the Council's schedules of fees and charges.

Please use BLOCK CAPITALS and tick boxes as required

SECTION 1 APPLICANT DETAILS

Applicant's Name: [text box]

Address: [text box]

Phone No: [text box] Fax No. [text box] Mobile No: [text box]

SECTION 2 SUPLIER/CONTRACTOR DETAILS

Business Name: [text box]

Business Address: [text box]

Contact Name: [text box]

Phone No: [text box] Fax No. [text box]

SECTION 3 CONTAINER DETAILS

Size of the Container: (L, m) ..... x (W, m) ..... x (D, m) ..... (Vol, m³).....

SECTION 4 LOCATION OF THE CONTAINER

Area of Occupancy#1?

- On Street
On Footpath or Nature Strip

Street No: Street Name:

Suburb: Nearest Cross Street:

SECTION 5 DATES AND TIME OF OCCUPANCY

Dates of Proposed occupancy: [text box] (dd/mm/yr - dd/mm/yr²)

Time of Proposed occupancy: [text box] (hr:min - hr:min)

1 ATTACH a LOCATION SKETCH that should show properties, nearest driveways, cross streets, road and footpath width, traffic facilities including parking restrictions and the area where the container to be located.
2 A permit can only be obtained for a maximum of 14 working days.

**SECTION 6 INSURANCE DETAILS**

Insurance for Waste Containers is provided by the Supplier of the Container.

Public Liability Policy No:

Name of Insurance Company:

Period of Insurance:

(from dd:mm:yr to dd:mm:yr)

Workers Compensation Insurance No:

Name of Insurance Company:

Period of Insurance:

(from dd:mm:yr to dd:mm:yr)

Limit of Indemnity (\$):

(minimum is \$10 million)

Is Parramatta City Council's name included in the Public Liability Insurance policy as an interested party or a Principal?

- YES (Attach a copy of public liability and workers compensation Certificates)
- NO (Request your supplier to include Parramatta City Council's name in the public liability insurance policy as a Principal or an interested party and attach Certificates of both policies)

**SECTION 7 PERMIT CONDITIONS**

1. The size, shape and colour of all building waste container placed on a public place must be to the satisfaction of Council.
2. The building waste container provided shall bear the name, address and telephone number (both business and after hours) of the supplier.
3. The supplier of the building waste container shall provide Public Liability Insurance cover indemnifying Parramatta City Council as a Principal for the sum of a minimum \$10 million and submit evidence of such insurance with the application.
4. Each building waste container shall be in good condition and properly cleaned prior to delivery.
5. Each building waste container must display warning lights or reflectors that meet Council's approval.
6. Council reserves the right to order the removal of any building waste container, despite any approval granted, and issue a fine if it deems warranted should a container or the activity associated with it cause a nuisance.
7. Putrescent waste or dangerous or hazardous waste must not be placed in any building waste container located on a public place.
8. Liquid and/or non-solid wastes are NOT to be disposed or placed into a building waste container container located on a public street or public place. Waste bins provided with bungs shall not be used unless all bungs are fitted and capable of preventing the escape of material.
9. The applicant and supplier will bear responsibility for the removal of any waste deposited in or around the building waste container whether by himself or at his direction or by any other person.
10. The applicant and supplier shall be responsible for fixing any damage done to the road, kerb or footpath or to any landscaping in the road due to the placement of the building waste container.
11. The supplier shall be responsible and accept responsibility for any damages or injury resulting from debris from the building waste container during transport.

**SECTION 8 FEES AND CHARGES FOR 2009/2010**

\$22.15 - Per Day Per Container Under 10m<sup>3</sup> or Part Thereof.

\$38.80 - Per Day Per Container Over 10m<sup>3</sup> or Part Thereof.

**SECTION 9 PLEASE ATTACHÉ THE FOLLOWING DOCUMENTS TO THE APPLICATION**

- Location Sketch** (showing the nearest driveways, cross streets, road widths, traffic facilities & dimensions).
- Certificates of Public Liability and Workers Compensation Insurance**
- Credit Card Authorisation Form** (if payment is made by Credit Card)

**SECTION 10 APPLICANT DECLARATION**

I declare that the information I have provided in this application is true and correct in every detail. I understand that the Parramatta City Council may withdraw and cancel the permit if the information I have supplied is not true and correct. I declare that I have read and understood the Conditions of Use for locating a building waste container on a public place and I agree to abide by them. I declare that I have notified the supplier the Conditions of Use of this application. I also declare that I have notified the supplier that the public liability and workers compensation insurances shall not be cancelled or lapse without the agreement of Parramatta City Council before or during the occupation of a waste container on a public place within the Parramatta Local Government Area and policy document shall be endorsed to this effect.

Applicant's Name

Applicant's Signature

Date

**IMPORTANT:**

The information provided by you on this form will be used by Parramatta City Council to process this application. The provision of this information is compulsory and if not provided, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where legislation requires or where you give permission for third party access.

**SECTION 11: OBTAINING A BUILDING WASTE CONTAINER PERMIT**

1. The completed application form together with the required documentations is to be faxed to Council's Traffic & Transport Services on (02) 9806 5023 for obtaining a quotation. Council's Traffic & Transport Services can also be contacted on (02) 9806 5768 for further information.
2. Payments then required to be made by faxing the completed credit card authorisation form on (02) 9806 5023. Payments can also be made by cash or money order or cheque (made payable to Parramatta City Council) at Council's front counter 30 Darcy Street, Parramatta.
3. Processing of the application generally takes 2 business days. If the application is successful, an approval/permit will be faxed to you that must be kept on-site at all times. If the application is not successful, payments will be reimbursed.

**SECTION 12: CONTACT DETAILS**

For further information, contact Traffic and Transport Services on (02) 9806 5768.



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# PARRAMATTA CITY COUNCIL CREDIT CARD AUTHORISATION

Please use **BLOCK CAPITALS** and tick boxes as required

**APPLICANT DETAILS** (for faxed/posted applications only:

Title	Given Name/s	Family Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address:	No.	Street	Suburb	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Details:	Daytime Phone No.		Mobile No.	
	<input type="text"/>		<input type="text"/>	

**CREDIT CARD DETAILS**

Payment Details (please specify what payment is for the space provided below

I authorise Parramatta City Council to debit my credit card in the amount of (please specify amount in the space provided below)

Cardholder's Name (please print name in capital letters)

Credit Card Details (**Note:** American Express Credit Card is **NOT** accepted)

**Visa**     **Mastercard**     **Bankcard**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Holders Signature

Date

Credit Card Expiry Date

**OFFICE USE ONLY**

Council Officer Name:

Account Code

Receipt No:

Council Officer's Signature:

Date: