

SHIPPING CONTAINER APPLICATION

Note: This application is not an approval. Council will undertake an inspection of the site to consider the placement of the container. Approval and instructions will be given at the time.

Return completed forms to: Strathfield Council, PO Box 120, STRATHFIELD NSW 2135, fax: (02) 9764 1034, in person: 65 Homebush Road, Strathfield or email: council@strathfield.nsw.gov.au. ABN No: 52 719 940 264.

APPLICANT INFORMATION

Applicant name			
Address			
Site Address			
Suburb		Postcode	
Phone		Mobile	ABN
Email Address			
Name of Container Supplier			
Container Size in Cubic metres			
Reason for container Not being placed in Private Property			
Number of days Container will be On site		Proposed start date	

PUBLIC LIABILITY INSURANCE

A Copy of the company's public liability insurance must be submitted with this application (value to exceed \$20 million and must be current)

	YES	NO
Is a copy of the Public Liability Insurance policy attached?	[]	[]

PRIVACY STATEMENT AND APPLICANT SIGNATURE

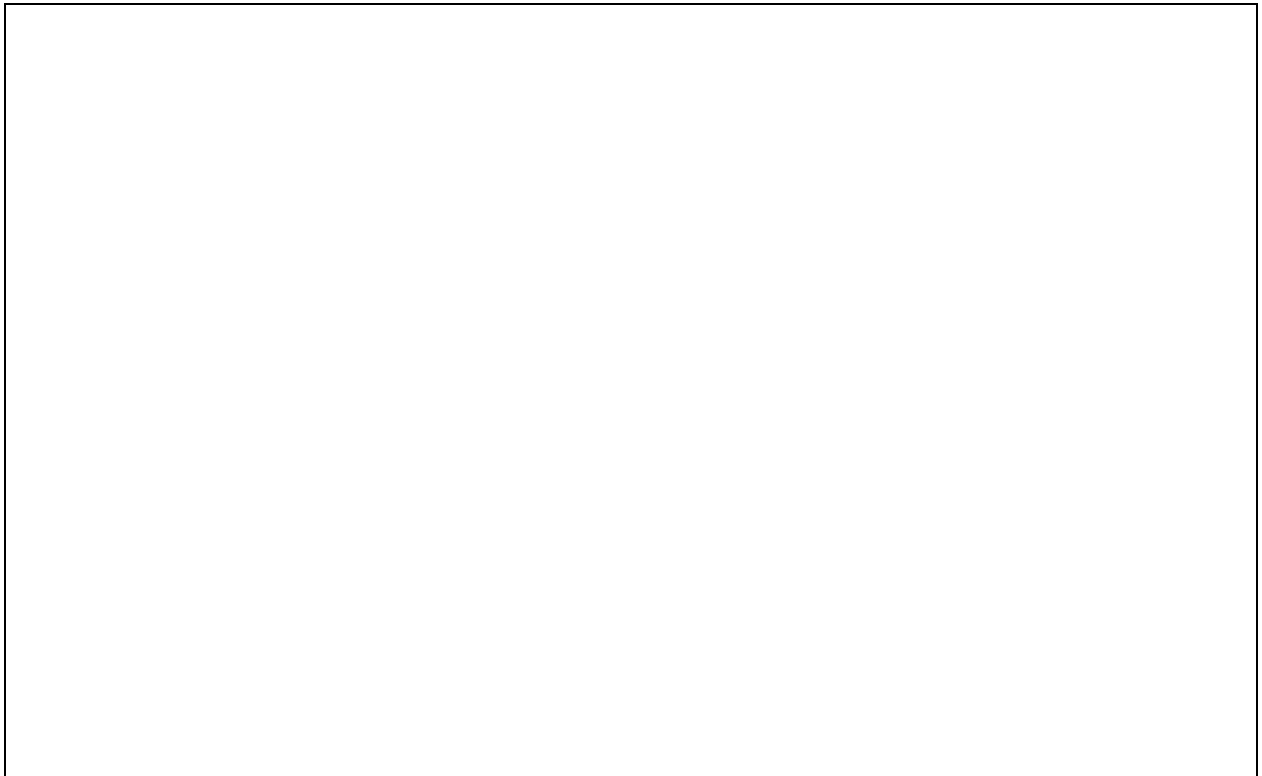
I acknowledge that the information provided on this form is accurate.

Privacy Statement: The personal information requested on this form is required for purposes of assessing and determining the application for the use of a shipping container in accordance with legislative requirements. Supply of information is voluntary but Council may not be able to process

this application without supply of information. Information provided on this form may accessible to the public through access to information provisions. Council is the agency which holds this information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

Signature _____ Date _____

SITE DRAWING



OFFICE USE ONLY SECTION

Checklist	Yes	No
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- * Copy of the public liability insurance is attached
- * Letter sent to applicant
- * Rangers notified to carry out inspections

Application Fee (Please refer to Council's Fees & Charges)	\$ _____
Daily fee x number of days required	\$ _____

Receipt # _____	Total Paid	\$ _____
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Site Inspected by _____	Date _____
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Comments & Instructions _____
