

Mount Isa City Council

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Local Government
Act 1993

Local Law
(Camping Grounds)
(Caravan Parks)

Camping Ground and Caravan Park Alterations

Application for Alterations of Use of Land as a Camping Ground or Caravan Park

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Camping Ground and Caravan Park - Alterations Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Park details

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.

Business name _____ BN

Company name _____ ACN / ARBN

Address of park

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <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"/>	Mobile <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"/>	Email
Contact fax <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"/>			

Camping Ground / Caravan Park Licence no.	Licence no.	Expiry date <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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Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Total no. sites	No. unpowered sites	No. cabins
	No. caravan sites	No. tent sites	

Manager's name		
Is the manager's residence provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a kiosk provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there an office provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Owner/s consent

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.	Name		
	Street address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <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"/>	Mobile <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"/>	Email
	Contact fax <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"/>		
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.			
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Alterations

Provide details of proposed alterations

Amenities

	Male	Female		
No. toilets			No. baby baths	
No. showers			No. laundry tubs	
No. hand basins			No. washing machines	
Disabled facilities (AS 1428)			No. ironing boards	
			No. clothes lines	

Water supply

Town water
 Chlorinated
 Non-chlorinated

Other (please specify) _____

Lodgement

Please attach the following:

1. A plan drawn to scale not smaller than one to one hundred (1:100) showing:
 - the boundaries of the camping ground / caravan park and the division of the camping ground / caravan park into sites;
 - details of the facilities for sanitation, washing and laundry;
 - details of water quality, reticulation and drainage;
 - all ancillary facilities;
 - fire fighting equipment.
2. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.
3. An evacuation plan.
4. The name and address of the proposed resident manager of the camping ground / caravan park and the proposed resident manager's written agreement accepting the responsibilities of resident manager of the camping ground / caravan park.
5. Other information and materials required by the local government.
6. Evidence of any necessary statutory permit, authorisation or approval:
 - for the development and use of the relevant land as a camping ground / caravan park; and
 - for the occupation or use of buildings and structures on the land in connection with the operation of a camping ground / caravan park.

Please note: This application and fee MUST be lodged with your Council.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	