

# North Burnett Regional Council

34-36 Capper Street, Gayndah  
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Gayndah QLD 4625

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Email [admin@northburnett.qld.gov.au](mailto:admin@northburnett.qld.gov.au)

Website [www.northburnett.qld.gov.au](http://www.northburnett.qld.gov.au)



Local Government  
Act 2009

## Mechanical Saw or Welding Plant

### Application for Permit to Use Mechanical Saw / Welding

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

Mechanical Saw Permit

Fee \$ \_\_\_\_\_

Welding Plant Permit

Fee \$ \_\_\_\_\_

If applicant is a company,  
insert company name and  
ACN / ARBN.

#### Applicant/s details

Company name \_\_\_\_\_ ACN / ARBN \_\_\_\_\_

Title  (eg. Mr, Mrs, Miss etc.)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title  (eg. Mr, Mrs, Miss etc.)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Select as applicable.

Business  Private

Contact person \_\_\_\_\_

Postal address \_\_\_\_\_

Locality / Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact ph. \_\_\_\_\_ Mobile \_\_\_\_\_

Contact fax \_\_\_\_\_ Email \_\_\_\_\_

Business name must be registered with Fair Trading.	<b>Business details</b>		
	Business name <span style="float: right;">BN</span>		
Enter postal address if different from street address.	Street address		
Real property description - refer to Rates Notice.	Locality / Suburb	State	Postcode
	Postal address		
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
Lot no.	Reg. plan no.	Parish	

E.g. mechanical saw / welding plant.	<b>Machinery details</b>		
	Address where machinery is to be used		
Locality / Suburb	State	Postcode	
Description of machinery to be used			
Intended purpose for use of equipment			
When will the mechanical saw / welding plant be operated?			
Days of operation	Hours of operation		
Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Saturday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm
Sunday	<input type="checkbox"/> am	<input type="checkbox"/> pm	to <input type="checkbox"/> am <input type="checkbox"/> pm

<b>Lodgement</b>
Provide a completed application form, supporting documentation (if required) and appropriate fee to Council - see address at the beginning of the form.
<b>Please note: This application and fee MUST be lodged with your Council</b>

<b>Privacy Statement</b>
The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the <i>Right to Information Act 2009</i> ) or as required by Queensland State Government.

<b>Office use only</b>			
Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/   /
Recommendation			
		Rec. no.	
Date	/   /	Account property no.	