

Barcoo Shire Council

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Local Government
Act 1993

Local Law
(Extractive
Industries)

Extractive Industries

Application for Extractive Industries Permit

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

Extractive Industries Permit Fee _____

Applicant details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby certify that the facts and circumstances set out herein are true and complete and form the basis of my application and further, I certify that I will indemnify the Council against the costs of any legal action that may be instituted by any objectors to this application.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby certify that the facts and circumstances set out herein are true and complete and form the basis of my application and further, I certify that I will indemnify the Council against the costs of any legal action that may be instituted by any objectors to this application.

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business name must be registered with the Dept of Justice and Attorney-General.
If applicant is a company, insert company name and ACN / ARBN.

Business details

Business name _____ BN

Company name _____ ACN / ARBN

Street address

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Email _____	
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

Proposed operation details

Real property description – refer to Rates Notice.	Nature of operation				
	Site address				
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Lot no.	Reg. plan no.	Parish		
	If only part of the land is to be used, show				
	The total area _____ ha.	The area to be used _____ ha.			
	Attach a metes and bounds description of site				
	Current Town Planning consent is effective? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	The expected average rate of removal shall be _____	m ³ / month			
	The expected maximum rate of removal shall be _____	m ³ / month			
	Access to site via (name road)				
	Duration of operation and stages				
	Requested hours of operation	Weekdays	am	pm	
		Saturday	am	pm	
		Requested hours of carting	Weekdays	am	pm
			Saturday	am	pm
	Details on stockpiles	Height	Diameter		
		Details of operation vehicles			
	Proposed haulage routes				
	Type of material to be removed				
Quantity of material to be removed					
Maximum number of trucks leaving the site daily will be _____					
Will the processing be carried out on the land?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, describe					
Will water be allowed to accumulate in excavation?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, to what depth					
Will blasting operations be carried out?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Will any products or waste be entering a swamp, watercourse, water storage drain, sewer, drainage easement, sewerage easement, or likely to cause injury or interfere with any land not being used?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					

