

# Barcaldine Regional Council

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Barcaldine QLD 4725

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*Local Government  
Act 2009*

## Transport of Buildings

### Application for Approval to Transport a Building

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

#### Application is for

Transport of Buildings Approval

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

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

Family name  
Given names  
Position

I / We the applicant/s for these approvals undertake:

- to inform other authorities which may be affected by the transport of the load;
- to make good to the satisfaction of Council any damage that may occur to public facilities for which the Council is responsible, caused as a result of the transport of the building; and
- that all information contained in this application is true and correct.

Signature Date

Signature Date

#### Contact details

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.

## Business details

Business name		BN	
Street address			
Locality / Suburb		State	Postcode
Postal address			
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
Lot no.	Reg. plan no.	Parish	

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Select as applicable.

## Building owner details

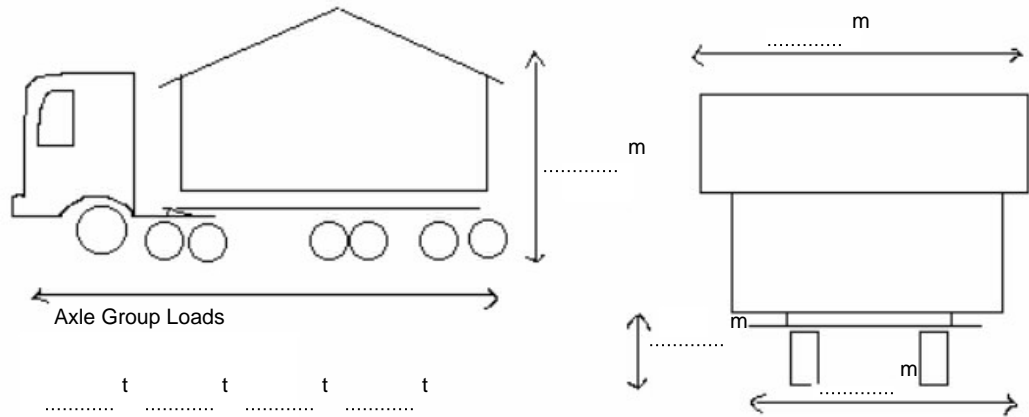
Family name		
Given names		
<input type="checkbox"/> Business	<input type="checkbox"/> Private	
Postal address		
Locality / Suburb	State	Postcode
Contact ph.	Mobile	
Contact fax	Email	

## Proposed transport details

Starting address		
Locality / Suburb	State	Postcode
Delivery address		
Locality / Suburb	State	Postcode
Proposed route		
Date of transport	/ /	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Travel time on Council's roads		
Full description of vehicle		
		Reg. no.

## Details of load

Please detail vehicle / load dimensions and axle group loads on diagram.



A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.

## Public liability insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover \$
Policy expiry date	/ /

## Other details

Is Queensland Transport approval required?  No  Yes Copy of approval attached

Public liability insurance  Copy of policy attached  Security deposit  Deposit paid

Receipt no.

## Lodgement

Please attach the following:

1. Written approval from Parks Services if there are obstructions by trees on the proposed route.
2. A copy of the approval, if required, from the Department of Transport and Main Roads.
3. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.

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

## Privacy Statement

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 *Right to Information Act 2009*) or as required by Queensland State Government.

### Council approvals (office use only)

Rec. no.	Date	/	/	/
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#### Disconnection of water service

Does the applicant wish to retain existing water meter and supply?

 No Yes

If No, water supply disconnection fee receipt no.

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#### Building permit

Application no.
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Building permit approved

Signature
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Name of officer	Date	/	/	/
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#### Disconnection of sewerage

Sewer seal-off inspected prior to transport

Signature
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Name of officer	Date	/	/	/
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#### Obstructions

##### Trees

Is there obstruction of the proposed route by trees?

 No Yes

Satisfactory arrangements have been made and written approval from Parks Service is attached.

Parks work required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Signature
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Name of officer	Date	/	/	/
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##### Other Council obstructions

Are the other Council obstructions on the proposed route?

 No Yes

Nature of obstruction
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Private works order required	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Signature
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Name of officer	Date	/	/	/
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##### Approval given to transport a building

Signature
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Name of officer
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Date	/	/	/
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Conditions
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