

# Maranoa Regional Council

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Local Government  
Act 1993

Local Law  
(Activities on Roads)

## Extraordinary / Overdimension Vehicle

### Application for Extraordinary Traffic 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

Extraordinary / Overdimension Vehicle Permit 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 \_\_\_\_\_

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

<b>Enter postal address if different from street address.</b>	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"/> <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"/> <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"/> <input type="text"/>	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"/>
<b>Real property description – refer to Rates Notice.</b>	Lot no.	Reg. plan no.	Parish

### Transport details

Name of driver			
Vehicle/s registration no. (including trailers)			
Load details	Length	m	Width
No. axles	Steer		Drive
Est. gross weight	Steer		Drive
Destination	From		To
Roads to be travelled in Council area			
Date of movement <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Period for which permit is required From <input type="text"/> am <input type="text"/> pm To <input type="text"/> am <input type="text"/> pm			

<b>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'.</b>	<b>Public liability insurance</b>		
	Name of insurance company		
	Name of insured		
	Policy no.	Amount of cover \$	
Policy 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"/>		

### Lodgement

Please attach the following:

1. Advice in writing from Main Roads that it agrees to the application if the vehicle is to operate on a State-controlled road.
2. 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.**

### 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.