

Longreach Regional Council

96A Eagle Street, Longreach
PO Box 472,
Longreach QLD 4730

Telephone 07 4658 4111 Facsimile 07 4658 4116
Email assist@longreach.qld.gov.au
Website www.longreach.qld.gov.au



Local Government
Act 1993

Water Act 2000

Sprinkler Operation

Application for a Licence to Operate Sprinkler Outside Permitted Times

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

Sprinkler Operation Licence Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I / We hereby make application to use a spray, sprinkler, soaker or other device in respect of the land described and:

- Undertake to comply with the conditions set out by Council.
- Acknowledge Council reserves the right to revoke any approval granted to sprinkle where it is deemed by Council that wasting of water is occurring, or for any other reason whatsoever (such as droughts, strikes, break-downs etc).
- Request a meter to be installed subject to the availability of Council funds, if no meter currently exists.

Signature _____ Date / /

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Sprinkler details

Location of sprinkler/s.

Street address

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb		
Real property description – refer to Rates Notice.	State	<input type="text"/>	<input type="text"/>
	Postcode	<input type="text"/>	<input type="text"/>
	Lot no.	Reg. plan no.	Parish
	Area of allotment		(m ² / ha.)
	Is there a meter already installed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If insufficient space attach a separate sheet.	Reason for requesting licence		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Description of sprinkling equipment to be used including size of pipes, hoses, number, type and size of sprinklers etc.		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Proposed no. hours per week required for sprinkling			
Proposed days of the week			
Preferred sprinkling times			
From	<input type="text"/> am <input type="text"/> pm	To	<input type="text"/> am <input type="text"/> pm
And / or	<input type="text"/> am <input type="text"/> pm	To	<input type="text"/> am <input type="text"/> pm

Lodgement

Please attach the following:

1. Full details of design and specifications for any works that may need to be done.
2. Description of sprinkling equipment to be used (if applicable) including size of pipes, hoses, number, type and size of sprinklers etc.

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

Office use only

Sprinkling is approved on the property within the days and times indicated.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of officer	
Name of officer	
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of issue	<input type="text"/> / <input type="text"/> / <input type="text"/>
Receipt no.	