



ROAD OCCUPANCY PERMIT

Office Use Only

APP. No: _____ File No: _____

SECTION A. Property Details

Street Address

Suburb

Post Code

Lot

DP

SECTION B. Type of Application

Road Occupancy Permit

Please tick which best describes the work to be completed:

- Crane/concrete pump
- Truck zone
- Hoarded zone over footway
- Shoring/ground anchors
- Skip bin
- Other - works must be described within 'Description of Proposed Works' below

SECTION C. Description of Proposed Works (including plans)

Please provide a brief description of the works associated with this application:

SECTION D. Owner's Consent

As owner(s) of the land to which this application relates, I/we consent to this application.

Please provide name, address and phone number:

Owner A

Owner B

Signature A

Date

Signature B

Date

SECTION E. Details of the Applicant

Name

If Company, Contact Person

Street Address

Suburb

Postcode

Business Phone

Mobile Phone

Email (compulsory)

Applicant Declaration

I, the undersigned, formally apply for approval to obtain a Road Occupancy Licence in accordance with the Council Specifications, Standard Drawings, Environmental and other applicable legislation relating to this application. The owner(s) (if different from the applicant) of the above property has consented to the lodgement of this application to Camden Council.

Signed (Applicant)

Date

SECTION F. Information Delivery Options

Mailed

Emailed to:

Left at Camden Council for collection

SECTION G. Payment Details

Office Use Only

Fee Details	Account No.	Fee	Date	Receipt
	04650.1069.267 ROCC			

Credit Card Authorisation

These details will be destroyed once payment is processed.

Type of Credit Card (please tick)

MasterCard

Visa Card

Expiry Date: ___ / ___

Merchant Service Fee .65%

Account Number:

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Card

Cardholder's Signature

Date

38 John Street, Camden NSW 2570 PO Box 183, Camden NSW 2570 Phone: (02) 4654 7777

Email: mail@camden.nsw.gov.au Website: www.camden.nsw.gov.au