

Application for a General Permit

Section 1: APPLICANT D	ETAILS				
Name:					
Postal address:	Town:			Postcode:	
Telephone No.	(H)	(w)	(M)		
Email address:		, ,	1		
Section 2: ACTIVITY DE	TAILS				
Activity location:					
Description of activity:					
Date(s) and time(s) of activity:					
Section 3: CHECKLIST (if applicable)				
□ Site map		□ Public Liability insurance			
Section 4: DECLARATIO	N This form must be	e signed.			
I declare that I am the applicant and all information given is true and correct.		Applicant signature:		Date:	
PLEASE FORWARD THIS	APPLICATION T	O			
E-mail: compliance.admin@bawbawshire.vic.gov.au Mail: Compliance Department, Baw Baw Shire Council PO Box 304 In Person: Customer Service Centre: 33 Young Street, Drouin Warragul VIC 3820					
OFFICE USE ONLY					

Fee		Date received	Received by	Permit number		
Application	\$52.00					
Permit	\$104.00					

Baw Baw T +61 3 5624 2411 Shire Council F +61 3 5622 3654 E bawbaw@bawbawshire.vic.gov.auW bawbawshire.vic.gov.au

PO Box 304 Warragul Victoria 3820

IMPORTANT INFORMATION
Your application will be processed within 10 business days of receipt. If you have any questions, or require assistance completing this form, please contact Community Compliance on 5624 2411.
PRIVACY STATEMENT
The personal information requested on this form is being collected to enable Council to consider the permit application. Council will use this information for this purpose, or one closely related, and may disclose this informatio
by law in accordance with the <i>Privacy and Data Protection Act 2014</i> . The applicant may apply to Council for access and/or amendment of the information by contacting Council's freedom of information/privacy officer on 5424 2411.