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| **WCClogo CMYK MASTER** | **APPLICATION FOR A PERMIT  TO ACCESS COUNCIL OPEN SPACE  For obtaining approval to temporarily access a Council Park,  Recreational Reserve or Tree Reserve with a vehicle or machinery.** |

**In accordance with the Community Amenity Local Law 2015**

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| **RESIDENT DETAILS** | **All sections must be completed** |
| Name: | |
| Address: | |
| Suburb: | Postcode: |
| Telephone: | Email Address: |

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| **LOCATION DETAILS** | **All sections must be completed** |
| Park/Reserve Name (if known): | |
| Address: | |
| Suburb: | Postcode: |
| Provide an aerial image of the surrounding area detailing the Park/Reserve access and the proposed route to your property. | |

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| **REASON FOR ACCESS** | **Must be completed** |
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| **DURATION OF ACCESS** | **Must be completed** |
| Start Date: | Finish Date: |

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| **TYPE OF VEHICLE REQUIRING ACCESS** | | | **Select all applicable** | |
| Boat | Car | Caravan | | Crane |
| Earthmoving Machinery | Trailer | Truck | |  |
| Other (specify): | | | | |

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| **SURFACE TO BE TRAVELLED ALONG** | | | **Select all applicable** | |
| Bark | Concrete | Garden Bed | | Grass |
| Gravel |  |  | |  |
| Other (specify): | | | | |

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| **AFFECTED INFRASTRUCTURE** | **Select all applicable** | | |
| Does the Park/Reserve have a locked gate/bollard that you will require access through? | | Yes | No |
| Does the Park/Reserve have a concrete crossover allowing direct access from the roadway? | | Yes | No |
| Does your property have an access gate within the boundary fence? | | Yes | No |
| Do you need to remove a section of the boundary fence to gain access to your property? | | Yes | No |
| Will any Park/Reserve trees be affected by the access or will the movement of a vehicle/machinery be conducted within the canopy cover of a tree? | | Yes | No |

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| **SAFETY MANAGEMENT FOR THE PUBLIC** | | | **Select all applicable** | |
| Hazard Tape | Rotating Beacon | Rumble Boards | | Spotter |
| Temporary Fencing | Traffic Cones/Bollards |  | |  |
| Other (specify): | | | | |

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| **CONTRACTOR DETAILS (if applicable)** | The person/s accessing the Open Space on behalf of the resident | |
| Company: | | |
| ABN / ACN: | | |
| Address: | | |
| Suburb: | | Postcode: |
| Telephone: | | Email Address: |
| Name of Works Site Manager: | | |
| Telephone: | | |
| Provide a copy of the contractors current Public Liability Insurance document (minimum $10,000,000 cover is required). | | |
| Provide a copy of the completed Job Safety Analysis worksheet (JSA) attached. | | |
| If no contractor details are specified, it is expected that access will only be conducted by the resident. Unauthorised access conducted by other parties will be enforced accordingly under the Community Amenity Local Law 2015. | | |

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| **FEES APPLICABLE** |  |
| Permit fee: $95.00 Bond: To be determined  The permit fee and any relevant bond will be invoiced to the resident after assessment and approval of the proposal. The bond amount will be released once Council Officers have inspected the area and are satisfied that the area has not been damaged, or that reinstatement of assets has been completed to Council satisfaction. | |

**The completed application form and accompanying documentation can be submitted to**

[**mail@wyndham.vic.gov.au**](mailto:mail@wyndham.vic.gov.au) **or posted to PO Box 197, Werribee VIC 3030**

Note: The application form must be submitted to Council a minimum of 10 business days prior to the proposed start date.

**Job Safety Analysis Worksheet – Sheet 1**

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| **Activity**  List the tasks required to perform the activity in the sequence they are carried out. | **Hazards**  Against each task list the hazards that could cause injury when the task is performed. | **Risk control measures**  List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard. | **Who is responsible?**  Write the name of the person responsible (supervisor or above) to implement the control measure identified. |
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**Job Safety Analysis Worksheet – Sheet 2**

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| **Activity**  List the tasks required to perform the activity in the sequence they are carried out. | **Hazards**  Against each task list the hazards that could cause injury when the task is performed. | **Risk control measures**  List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard. | **Who is responsible?**  Write the name of the person responsible (supervisor or above) to implement the control measure identified. |
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