

SKIP BINS ON PUBLIC LAND APPLICATION FORM



LODGEMENT AND PAYMENT OF APPLICATION: You can lodge and pay for your application via:

	Council: City of Canada Bay Civic Centre, 1A Marlborough Street, Drummoyne 08:30am – 4:00pm Monday – Friday - Payment by CASH, CHEQUE OR CARD
	Email: customer.service@canadabay.nsw.gov.au A tax invoice will be sent via email for payment when your application has been accepted by Council. Payment MUST be made within three (3) working days of receipt of invoice and can be paid using credit card via Council's online eServices Portal: www.canadabay.nsw.gov.au
	Mail: City of Canada Bay, Locked Bag 1470, Drummoyne NSW 1470 - Payment by CHEQUE ONLY.
Please note:	Your application will NOT be processed until FULL payment has been received. If paying by CREDIT CARD, an additional 0.6% processing fee will apply. If paying by AMEX CARD, an additional 1.0% processing fee will apply.

NOTE: No fee or notice is required if skip is located on private property. If possible, waste containers should be placed inside private property boundaries, rather than on Council's property.

Office Use	<i>Fee Paid:</i> \$ <input type="text"/>	<i>Receipt No:</i> <input type="text"/>	<i>Date:</i> <input type="text"/>
	Application Number: <input type="text" value="LGA"/>	Bond Number: <input type="text" value="BG"/>	

Fees & Charges (GST Inclusive) – No fee or notice is required if skip is located on private property.

<input type="checkbox"/>	\$400 per week, PLUS refundable bond of \$400 (Max 1 week placement)
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NOTE: Be advised that Council required approximately 5 working days to process the application. For extensions of current appraisals a new application is required to be lodged.

Applicant details

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Email:	<input type="text"/>		
Contact Number:	<input type="text"/>		<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>

Waste Container Details

Name of Supplier:	<input type="text"/>			
Proposed Location:	<input type="text"/>			
Address of skip bin:	<input type="text"/>			
Period of Licence	From:	<input type="text"/>	To:	<input type="text"/>

Declaration

I have received a copy of Council's Skip Bins on Public Land – Terms and Conditions, and agree to comply with all rules and conditions. I understand it is my responsibility to ensure the Skip Bin is covered by Public Liability Insurance to the value of \$20 million dollars.

Signature	<input type="text"/>	Date:	<input type="text"/>
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Office Use Only

Date ref. to LEO:	<input type="text"/>	Date returned by LEO:	<input type="text"/>	Date ref. to Finance/Refund:	<input type="text"/>
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SKIP BINS ON PUBLIC LAND TERMS AND CONDITIONS



- This application may take up to fifteen (15) days, expectation approximately five (5) days except in difficult matters for assessment and processing. The applicant must allow for this in planning any works.
- **This application is not an automatic approval.** Your application will be assessed to determine whether conditional approval may be granted. Written advice will be forwarded to the Applicant upon successful application. If an application is refused the applicant will be notified in writing.

Please advise customer service centre if the period of licence alters after completion of the application.

Garbage skips or bulk waste containers may be placed within the roadway under the following conditions:

1. Containers may only be left by companies or individuals who hold a current permit from Council.
2. The Applicant is responsible for ensuring that the waste container company has public liability insurance to the value of \$20m.
3. Placing of containers on any footpath, regional or state road, or other public area will not be permitted.
4. Permits can be obtained by paying the required fee and completing an application form.
5. Only one container may be placed outside any property at any given time, and must be outside the property of the owner/hirer.
6. Containers must be visible at all times (e.g. marking plates, reflective tape, flashing lights), and must comply with the rules and regulations of the Road Rules NSW.
7. Containers shall be placed in locations that a car could legally be parked and must not obstruct stormwater flow in the gutter or traffic flow in the street. They are not permitted where parking is prohibited for motor vehicles as per the Road Rules NSW.
8. Containers are to be a maximum of 1.5 metres wide, 3 metres long and 1 metre high.
9. Containers shall not pose any hazard to the environment, pedestrians or vehicles.
10. Containers may not be used for the disposal or storage of putrescible, inflammable or explosive materials.

Any containers which do not comply with these regulations are to be placed within private property.

Upon Council inspection of area after removal of waste container, any unused portion of deposit will be refunded unless damage to Council property has occurred.

Please note that Council officers may order the removal (or impounding) of any waste container from Council property which is causing a nuisance and/or not conforming to the above Terms and Conditions.

DAMAGE DEPOSIT/BOND APPLICATION FORM



Use this form when making payment for a damage deposit or bond

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Office Use	Fee Paid: \$ <input type="text"/>	Receipt No: <input type="text"/>	BAGS Number: <input type="text"/>
	Date: <input type="text"/>		Application Number: <input type="text"/>

Property details

Address	<input type="text"/>				
Lot:	<input type="text"/>	DP:	<input type="text"/>	SP:	<input type="text"/>

Applicant details (to whom the future refund will be released)

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Email:	<input type="text"/>	Contact Number:	<input type="text"/>
Postal Address:	<input type="text"/>		

Refund method

I wish to nominate the following method of refund:

Cheque EFT * Credit Card (Not available for all refunds)

*** Refund to the same credit card is the default method available only for damage deposit/bonds paid via Council's eServices online portal. The card must be valid and current at the time of refund.**

EFT Account Details

Account Name:	<input type="text"/>		
BSB Number:	<input type="text"/>	Account Number:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

Declaration

1. I hereby state that the above information is true and correct;
2. I am the person responsible for making this damage deposit/bond payment and am the authorised person to receive the refund;
3. I will advise the City of Canada Bay Council of any changes to my address; bank account; or credit card, and understand that failure to update these details may delay payment of the refund at a later date.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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