

Skip Bin Permit Application



Local Law No. 1 Neighbourhood Amenity 2012

Name of Applicant:	
Postal Address:	
Phone Number (home):	Phone Number (business):
Phone Number (mobile):	Email:
Location of Activity:	
Date/s:	

Documents Attached (photocopy will suffice)

Copy of Current Public Liability Insurance (10,000,000 minimum)	
Detailed plan of proposal (site plan)	
Photos to confirm Skip Bin is not within 1 metre from a fire hydrant and is not covering a footpath, driveway or road	
Signed Indemnity Form	

Signature: _____ Date: ____ / ____ /20 ____

Skip Bin Permit Application



Form of Indemnity

(Schedule 4 Local Law No. 1 Neighbourhood Amenity 2012)

This Personal Information is held in accordance with the Privacy and Data Protection Act 2014 Principles

I.....(Name of person)
of(Address of person)
in the State of Victoria, holding position of (Role or Position in Business)
in the business named (Business Name)
with ABN or ACN (Australian Business or Company Number)
of (Business Address)
for which business I am duly authorised to sign this indemnity, in consideration of the Permit for
..... (nature of permit) on the Footpath or Road being granted to
..... (Name of Person or Incorporated Business Name on the Permit)
(hereinafter referred to as “the Permit Holder”)

HEREBY COVENANTS with BASS COAST SHIRE COUNCIL (hereinafter referred to as “Council”) that unless caused by a breach of employees or contractors, the Permit Holder agrees to indemnify Council and keep Council indemnified from and against all and any damage, loss, cost or liability incurred or suffered by any person as a result of the Permit Holder’s failure to comply with any conditions of the Permit granted by Council, or any other failure to comply with any relevant law, lawful duty or obligation giving rise to any damage, loss, cost or liability incurred or suffered by any person as a result of or in any way associated with the exercise of this Permit.

SIGNED SEALED AND DELIVERED by

(Print name)

(Sign)

(Print Position)

(Date)

in Victoria in the presence of:

(Print Witness Name)

(Witness Sign & Date)

Skip Bin Permit Application



Site Plan

Applicant Name:	
Name of Business:	
Business Address:	

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