

Office Use Only:
Receipt Number: _____

Date Paid: ____/____/____



Cardinia

Skip Bin Container Permit Application

(Residential 1-7 days)

Local Law No. 17

IMPORTANT: Please note that proof of Public Liability Insurance must be submitted with every application.

Applicant Details (Please Print):

Name: _____

Postal Address: _____

Mobile: _____ Alternate Phone: _____

Email Address: _____

Location Address:

Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

Space to Occupy Refuse Facility:

Road Footpath Nature Strip

Container Details:

Commencement Date: ____/____/____ Completion Date: ____/____/____

Dimensions:

Height: _____ Length: _____ Width: _____

Submitting your Permit Application:

Supporting Documentation: (Please ensure the following are attached to the Application)

- Sketch or photo of requested location, showing safe pedestrian access.
- Proof of Public Liability Insurance – Minimum Coverage \$20, 000, 000.

Disclaimer:

I hereby undertake to comply with requirements of Cardinia Shire Council Local Laws in relation to public safety and amenity in public places and any special conditions as required by an authorised officer of Council.

Signature: _____ Date: ____/____/____