

Application Form

Approval to Operate a Caravan Park

(Manufactured Home Estates, Caravan Parks, Camping Grounds & Movable Dwellings)

Office Use Only			
Application Number	Receipt Date	Fee	Receipt Number
Account Number	Type Code	Receipt Type	Cashier Code
GL190.0400.0110	210		

Part 1 – Site Address Unit/Street Number Street Suburb/Town Lot Number Deposited/Strata Plan Section (if applicable)

Part 2 – Site and Camp Details	
Sites applied for:	Totals
Long Term Sites Identified as Numbers	
Short Term Sites Identified as Numbers	
Campsites Identified as Numbers	
Total Numbers of All Sites	

Part 3 – Applicant Details

Title	Given Name		Family Nam	e	
Organisatior	n/Company Name (if applicable)				
Address					
Phone Num	ber	Email			
NOTE: All cor	ntact regarding applications will be	e made through t	he applicant.	If you wish to	authorise another

NOTE: All contact regarding applications will be made through the applicant. If you wish to authorise another person/company to be the contact for your application a separate written statement must be provided clearly stating their name and contact details.

	- ant 4 – O	whers Consent						
	Title	Given Name		Family Nam	е			_
	Organisatio	n/Company Name (if applicable)			А	BN/ACN		-
]
	Address				L			_
]
	Phone Num	her	Email]
]
รเ	ubject propert	of the property I/we consent to cy/premises at any reasonable tin this application. I/we undertake a	ne for the purpose of	carrying out a	an insp	ection in c	connection with t	the
in	spection to be	e carried out.						
	Owner's Sig	nature and Capacity (Owner, Dir	ector, Company Secre	tary etc)		Date		_
	Owner's Sig	nature and Capacity (Owner, Dir	ector, Company Secre	tary etc)		Date		-
]
	Owner's Sig	nature and Capacity (Owner, Dir	ector, Company Secret	tary etc)		Date		L
				• /]
lf se	a company o	ite is owned by multiple persons, wns the site, the owner's consen company. If the company is a pr nt.	t must be provided from	n either two d	irectors	s or a direc	tor and a compa	
		ttorney has been granted authori st be provided.	sing a person to sign o	n the owner's	behalf,	, a certifiec	I copy of the Pow	ver
		has only recently been purchas letter from your conveyancer or						
	_			_	_	_	_	_
	Part 5 – Fa	acility Details						
	Site Details		Long	Term	Short -	Term	Campsite	
	Number of a	all sites						
	Number of s own shower	ites reserved for movable dwellir and toilet	gs with					
	Number of s	ites with ensuite facilities]
	Number of s	ites reliant upon communal facilit	ies]

Part 6 – Joint Facilities

Note: where shared by long and short term residents

FACILITIES		TOTAL
	Female	
	Male	
TOILETS	Urinal	
	Disabled	
	Female	
SHOWERS	Male	
	Disabled	
	Female	
HAND BASINS	Male	
	Disabled	

Part 7 – Communal Laundry

LAUNDRY	ITEM	TOTAL
	Washing Machines	
	Washing Tubs	
	Clothes Driers	
	Line Space	
	Irons	
	Ironing Boards	

- I understand if the information is incomplete, the application may be rejected or more information may be requested.
- I accept processing delays will arise if there are inadequacies with the application.
- I understand that if a person fails to obtain approval or carries out and activity otherwise than in accordance with the approval is guilty of an offence against the Act

Date

70 Central Avenue, Oran Park NSW 2570 PO Box 183, Camden NSW 2570 Phone: 13 22 63 Email: <u>mail@camden.nsw.gov.au</u> Website: <u>www.camden.nsw.gov.au</u>