**Application for
Mobile Crane/Road Closure Permit**

Please note when deciding whether or not to issue a permit, an Authorised Officer must consider all the criteria as set out in Council’s Local Law.

| **Applicant details** |
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| First name:       | Surname:       |
| Postal address:       |
| Suburb:       | Postcode:       |
| Phone number/mobile:       Fax number:       |
| Email address:       |
| Company name:       |   |
| ABN number:       |
| Address to which this permit is applied for (if different from above):        |  |

| **Work details** |
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| Date of works:    /    /      |   |
| Hours of operation:       |
| Nature of works:       |
|  |
| Traffic management plan attached? [ ]  Yes [ ]  No  |

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| **Public liability insurance details** |
| **Policy number** | **Insurer** | **Expiry date** | **Amount of cover** |
|       |       |    /    /      |       |
|       |       |    /    /      |       |
| Please note: a copy of Certificate of Currency for public liability insurance must be attached. A minimum cover of $20 million is required. |

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| **Declaration** |
| I declare that the above information is true and correct. I agree to abide by all terms and conditions specified in the permit. Applicant signature: Date:    /    /      |

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| **Payment options:** |
| **1)** Post or email form to City of Greater Dandenong and Council will contact you to facilitate a credit card payment over the phone.**2)** Come to a Council customer service centre and pay in person.**3)** Post form with cheque/money order to City of Greater Dandenong, PO BOX 200, DANDENONG, VIC, 3175. |

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| **Return completed form to the City of Greater Dandenong** |
| **Post:**City of Greater DandenongPO Box 200DandenongVIC 3175 | **In person at a customer service centre*** **Dandenong:** 225 Lonsdale Street, Dandenong
* **Springvale:** 5 Hillcrest Grove, Springvale
* **Parkmore:** Shop A7, Parkmore Shopping Centre, Cheltenham Road, Keysborough
 | **Email:** council@cgd.vic.gov.au**Fax:** (03)8571 5196 |

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| **OFFICE USE ONLY** |
| Permit fee: | Receipt no: | CS Officer: |