

Application for Grazing Stock on Council Roads

(Supporting letter to be presented to Livestock Health & Pest Authority)

Applicant Details			
Surname:		First Name:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (m):	
Fax:		Email:	

Location Description (Please supply details of where grazing is to be located)			
Animal Grazing:	<input type="checkbox"/> Cattle	<input type="checkbox"/> Sheep	
Grazing Location:			
(Please indicate proximity to nearest intersection/creek etc)			
Lot No.	DP No.	Section.	
Commencing:	Concluding:		
Advice to applicants:			
<ul style="list-style-type: none"> Please note that approvals to graze will only be permitted for a maximum of one (1) month at a time Council must be given at least two (2) days notice of the person's intention to commence grazing A copy of current Public Liability cover for a minimum of \$20 million must accompany this application 			
Privacy and Personal Information Protection Notice			
I/we acknowledge the personal information provided is collected for the purpose as stated on this document. Access is limited to use by Council employees and other authorised persons. Supply of the personal information is not legally required however non-supply could cause delay or inability to proceed with the processing of this application. The personal information will be stored in Council's systems.			
Applicant's signature:			
Date:			
APPROVAL TO BE:	<input type="checkbox"/> MAILED OUT	<input type="checkbox"/> PICKED UP	<input type="checkbox"/> EMAILED

OFFICE USE ONLY				CSO:	
Permit No:		Approval:		/ 4	
Date:	Vegetation Conservation:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	
Roadside Spraying in last 7 days / Scheduled	<input type="checkbox"/> Yes (Clearance Date: / /)		<input type="checkbox"/> No		
\$20 Million Public Liability attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	RMS advice required:	<input type="checkbox"/> Yes (email details)	<input type="checkbox"/> No
Engineer approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	Date:	
Noxious Weeds approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	Date:	
Environmental approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	Date:	
Faxed to Livestock Health & Pest Authority (6921 8365)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:		
SUPPORTING LETTER	<input type="checkbox"/> ISSUED	<input type="checkbox"/> REFUSED	DATE:		