



Hoarding Permit Application

Applicant Details

Applicant:	_____		
Business:	_____		
Business Address:	_____ _____		
Phone:	_____	Fax:	_____
Email:	_____		

Hoarding Details

Proposed Hoarding Location:	_____ _____ _____				
Works to be carried out:	_____ _____ _____				
Proposed Hoarding Period					
Date:	_____	From:	_____	To:	_____
Time:	_____	From:	_____	To:	_____

Public Liability Insurance Details (Minimum \$20,000,000)

Public Liability Held with:	_____		
Policy Number:	_____	Amount:	_____
Please attach copy of Public Liability Insurance Summary as Evidence			