

## Approved Form 6.10 Use of a Reserve or Foreshore

#### Applicable Law:

Cassowary Coast Regional Council Local Law No. 1 (Administration) 2022

Cassowary Coast Regional Council Local Law No.6 (Bathing Reserves and Foreshores) 2022

# Your Application will not be properly made unless the Approved Form 1.7: Application to Council (What I Want) is attached

Note: the applicant is the person responsible for making the application and need not be the owner of the land. The applicant is responsible for ensuring the information provided on all Cassowary Coast Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant.

| Council Reference:   |   |   |
|--|---|---|
| (Permit application number)  | PRA   |   |
| Reserve or foreshore where the   | activity is to take place:  |   |
| Street name / Park name:   |   |   |
| Is the premises privately owned?:  | ☐ Yes   | No<br>If no, please detail:                 |
| <b>Is the premises public land?:</b><br>(e.g. – foreshores / beaches / river<br>reserve land)                                  | Yes If yes, please detail:  | □ No  |
| Information regarding the use o  | f a reserve or foreshore:   |   |
| Briefly describe the activity<br>you want permitted:<br>(Attach event management plan and<br>risk management plan if required) |   |   |
| How many people are likely to attend the proposed event?:  |   |   |
| Type of permit:  | Minor event (<1,000 people)   | Major event (>1,000 people)                 |
| For training:  | Yes   | □ No  |
| For competition:   | Yes   | No No                                       |
| Date of use:   | / to  | _//   |
| Time of use:   | am/pm to  | am/pm                                       |
| Frequency of use:  | Daily Weekly Monthly  | ] Other (Provide detail below)              |
| Do you require the use of the<br>bathing reserve or foreshore  | Yes   | □ No  |
| be exclusive?:   | Please note that exclusive use can only be for life-sa<br>Law No. 6 (Bathing Reserves and Foreshores) 2022)   | ving training (section 10(1)(a) of Local    |
| Have you attached a detailed   | Yes   | □ No  |
| site plan?:  | Plan should include details of the buildings or other struc<br>the site, direction of speakers / PA system, bunting, the r<br>the site which is to be used for the preparation or sale of | nature and position of each installation at |

| Will food be sold?:  | Yes   | No No                                   |  |
|--|---|---|--|
|  | If yes, the Vendor must contact Council to discuss for than 7 (seven) days prior to event   | ood licensing requirements no later     |  |
| Will equipment be used?:   | Yes   | □ No                                    |  |
| Provide a brief description of the number<br>and types of equipment. Attach a<br>separate page if required.  | If yes, what type:  |   |  |
|  |   |   |  |
| Will first aid be provided?;   | Yes   | □ No                                    |  |
|  | Please give details:  |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| Will additional amenities be<br>provided?:   | Yes If yes, complete the items below  | □ No                                    |  |
| <b>P</b> . • · · • • • • · · ·   | How many portable toilets will be provided:   |   |  |
|  |   |   |  |
|  | Who will be supplying the portable toilet facilit   | ies:                                    |  |
|  |   |   |  |
|  | Delivery date and time:   |   |  |
|  | Collection date and time:   |   |  |
|  |   |   |  |
|  | It is the organiser's responsibility to obtain a Manufa   |   |  |
| Does the applicant have  | Yes           If yes, attach a copy of each policy of insurance ap  | No No                                   |  |
| insurance?:  | prescribed activity including, without limitation, pub<br>at least \$20,000,000 per claim noting Cassowary (<br>interested party. | lic liability insurance to the value of |  |
| Checklist:   |   |   |  |
| Please check that you have attac   | ched copies of the relevant information to th   | his form.                               |  |
| Approved Form 1.7: Applicatio  | n to Council (What I Want)  |   |  |
| Detailed site plan           Event management plan   |   |   |  |
| Public liability insurance   |   |   |  |
| Risk management plan <i>(if applicable)</i>  |   |   |  |
| Parking management plan <i>(if applicable)</i>   |   |   |  |
| Traffic management plan <i>(if applicable)</i>   |   |   |  |
| <ul> <li>Noise management plan (<i>if ap</i>)</li> <li>Fireworks permit (<i>if applicable</i>)</li> </ul>  |   |   |  |
| Liquor Licence ( <i>if applicable</i> )  |   |   |  |
| Liquor Licence Risk Assessment ( <i>if applicable</i> )  |   |   |  |
| Please note:   |   |   |  |
|  | be completed and application submitted to Cou   | ncil at least 14 days in advance        |  |
| <ul> <li>of the event, otherwise the application may not be processed.</li> <li>Incomplete application forms or applications lacking the required supporting documentation may result in</li> </ul>  |   |   |  |
| Council issuing an 'Insufficient Information Notice' and the permit cannot be processed further until the  |   |   |  |
| <ul> <li>required information is supplied within 14 days of the notice date, otherwise the application will lapse.</li> <li>Council can require you to provide further information, documents or materials in support of the application.</li> </ul> |   |   |  |
| <ul> <li>If Council approves the application, mandatory conditions will be imposed on the approval.</li> <li>Non-compliance with permit conditions may incur an Infringement Notice and/or the permit being cancelled.</li> </ul>                    |   |   |  |
|  |   |   |  |

| Prescribed Fees 2025-2026:  |   |
|---|---|
| Setting apart a reserve/foreshore for exclusive use for life saving training  | \$ 250.00   |
| Customer Acknowledgement / Declaration:   |   |
| I/ We declare that the information provided by me in this application is true and correct and I consent to<br>enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth or<br>regards to any matters relevant to this application<br>PRINT NAME  | department in   |
| Information Privacy Statement:  |   |
| Cassowary Coast Regional Council is collecting your personal information in accordance with the Information P (Qld), and other applicable laws. Your information is being collected for the purpose of processing your applica responding to your enquiry. It may be used by authorised Council officers and disclosed to other agencies or the where required or permitted by law. Providing this information is voluntary; however, if you do not supply the reconstruction, Council may be unable to provide the requested service. You have the right to access and amend your information held by Council, subject to legal constraints. For more information, please view Council's Privacy Point and the privacy Point and the privacy Point and the privacy Point and Point | tion and/or<br>hird parties<br>quested<br>your personal |

| OFFICE USE ONLY:    | Application Creation: PLUS $\rightarrow$ PrescrbAct $\rightarrow$ Use of foreshore/reserve |       |    |                 |  |
|---------------------|--|-------|----|-----------------|--|
| Application Number: | PRA  | Date: | // | Admin Initials: |  |
| Receipt No.:        |  |       |    |                 |  |

| Criteria for assessment of application:  |  |  |
|--|--|--|
| General Criteria under Local Law No. 1 (Administration) 2022   |  |  |
| Council must assess your application against the general criteria:   |  |  |
| <ol> <li>that you currently hold any separate approval relating to the activity that is required under another<br/>law, including proof of any conditions, plans or limitations that attach to the approval;</li> <li>that the management of the activity will protect public health, safety and amenity and prevent<br/>environmental harm;</li> </ol>  |  |  |
| <ol> <li>identify best practice management for the proposed activity;</li> <li>if the activity is to be conducted on trust land, say why the activity is consistent with the purpose of the trust;</li> </ol>  |  |  |
| <ol> <li>how the activity will benefit the good rule and governance of the Cassowary Coast;</li> <li>how the activity will not be detrimental to the good rule and governance of the Cassowary Coast;</li> <li>whether you have been convicted of a breach of a local law within the last three years; and</li> <li>whether an approval for the same or similar activity was given under the repealed local laws.</li> </ol> |  |  |
| Additional criteria under Local Law No. 6 (Bathing Reserves and Foreshores) 2022   |  |  |
| Council must assess your application against the additional criteria that apply to this activity specifically:   |  |  |
| <ol> <li>9. that the activity is appropriate in the reserve for foreshore;</li> <li>10. that the facilities in the reserve or foreshore are adequate for the activity proposed in the application.</li> </ol>  |  |  |



| Approved Form 1.7 Application to Council (What I Want)   |                       |                           |                                    |                                     |
|--|-----------------------|---------------------------|------------------------------------|-------------------------------------|
| Applicable Law:<br>Cassowary Coast Regional Council Local Law No. 1 (Administration) 2022  |                       |                           |                                    |                                     |
| For most applications to C<br><i>Want</i> ) and an approved for<br>in the approved forms and   | rm relevant to        | your applicatio           | on, provide the supporting         |                                     |
| Type of application  |                       |                           |                                    |                                     |
| Prescribed Activity  | Amendmer              | nt [                      | Renewal                            | Transfer                            |
| Applicant details<br>Note: the applicant is the person re<br>all Cassowary Coast Regional Cou<br>be issued to the applicant. The app | ncil application form | ns is correct. Any a      | pproval that may be issued as a co | onsequence of this application will |
| Applicant's name:  | Title                 | First name                | Sur                                | name                                |
|  |                       |                           |                                    |                                     |
| Applicant's phone:   |                       |                           |                                    |                                     |
| Applicant's email:   |                       |                           |                                    |                                     |
| For companies:<br>Business name  |                       |                           |                                    |                                     |
| ABN:   |                       |                           |                                    |                                     |
| Director name/s:   |                       |                           |                                    |                                     |
| Name of Agent / Contracto<br>(if not the applicant)  | or                    |                           |                                    |                                     |
| Contact number/s:  |                       |                           |                                    |                                     |
| Email address:   |                       |                           |                                    |                                     |
| Residential address:   |                       |                           |                                    |                                     |
| Postal address:  |                       |                           |                                    |                                     |
| New Permit - provide a bri   | ef description        | of the a <u>ctivity</u> y | ou want permitted                  |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
|  |                       |                           |                                    |                                     |
| Property where the activity is to take place (if applicable)   |                       |                           |                                    |                                     |

| <b>Property ID Number:</b><br>To be completed by Council if not known        | Note: This number is important and sh              | nould be used on all correspondence relating to this matter |  |
|--|--|---|--|
| Property address:  |  |   |  |
| Property description:  | Lot No.  | Plan No.  |  |
| (lot and plan)   |  |   |  |
| Name of owner of property if not the applicant: (e.g. company)               |  |   |  |
| Street/Park Name:  |  |   |  |
|  | Yes  | □ No  |  |
| Is the property privately owned?   | If no, please provide property owner name & phone: |   |  |
| Is the property a dwelling unit<br>or multi-residential?                     | Yes  | □ No  |  |
| Is the property in the<br>Environmental Management<br>and Conservation Zone? | Yes  | □ No  |  |

| Fee Waiver / Fee Reduction Request   |  |   |  |
|--|--|---|--|
| Is this application for a<br>legal not-for-profit<br>organisation or charity<br>group? | Is the initiative/event for a community purpose? | Will the event or initiative<br>be based in the<br>Cassowary Coast? | Is the Not For Profit<br>organisation based on<br>the Cassowary Coast? |
| Yes 🗌 No 🗌   | Yes 🗌 🛛 No 🗌                                     | Yes 🗌 No 🗌  | Yes 🗌 No 🗌   |

### **Checklist:**

For most applications to Council, you must complete Approved Form 1.7: Application to Council (What I Want) **and** an approved form relevant to your application, provide the supporting documentation identified in the approved forms and make payment of the prescribed fee.

I have attached the additional Approved Form required for my application.

I/ We declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application

| PRINT NAME | SIGNATURE | DATE |
|------------|-----------|------|
|            |           |      |

| Payment options |   |
|-----------------|---|
| In person       | As of 1 July 2022, Cassowary Coast Regional Council will <b>no longer accept payments</b><br><b>by cash or cheque</b> at Customer Service Centres, and other Council run facilities.<br>You can pay via EFTPOS at the Customer Service Centres between 8:30am to 4:30pm<br>Monday, Tuesday, Thursday & Friday; and 9:30am to 4:30pm on Wednesdays (excluding<br>public holidays). |
| Over the phone  | Please tick if you would like to pay by credit card and an officer will call you to take payment after your application form is received.   |
| By BPay         | Please tick if you would like an invoice to be emailed so you can pay by BPay.  |

| OFFICE USE             |  |
|------------------------|--|
| Application<br>Number: |  |

General Application to accompany all applications to Council for permits to undertake prescribed activities and nonprescribed activities. This Approved Form 1.7 Application to Council (What I Want) is approved by the Chief Executive Officer for the local laws.

The Council may, by written notice, request the applicant to provide further reasonable information or clarification of information, documents or materials to be included in the application. Council may require an application to include site plans, management plans, relevant consents, evidence of public liability insurance etc. Please not an application to Council may require approvals under another Act, for example in relation to development, building, liquor carriage of goods and business licensing etc. Should the applicant not provide information, documents or materials to be included in the application, the application may lapse. See Section 7 *Cassowary Coast Regional Council Local Law No 1 (Administration) 2022.* 

### Information Privacy Statement:

Cassowary Coast Regional Council is collecting your personal information in accordance with the *Information Privacy Act 2009* (Qld), and other applicable laws. Your information is being collected for the purpose of processing your application and/or responding to your enquiry. It may be used by authorised Council officers and disclosed to other agencies or third parties where required or permitted by law. Providing this information is voluntary; however, if you do not supply the requested information, Council may be unable to provide the requested service. You have the right to access and amend your personal information held by Council, subject to legal constraints. For more information, please view Council's Privacy Policy on Council's website www.cassowarycoast.qld.gov.au