



# APPLICATION FOR CONSENT TO COLLECT FIREWOOD

**\$67.40 (non refundable) application fee to be paid when form is lodged. On approval of permit a \$67.40 fee applies.**

Penalty of 5 units (\$500) for cutting wood without a permit. Community Local Law 2019

Office Use Only  
Records Department

File No: EM/09/01

Document No:

## APPLICANT DETAILS:

Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Number: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## COLLECTION DETAILS:

Name of road where the dead fallen wood lies: \_\_\_\_\_  
 Exact site of the fallen wood: \_\_\_\_\_  
*(e.g. 2.5 km from Sunraysia Highway, Watchem Corack Road)*  
 Location of wood on road: \_\_\_\_\_  
*(e.g. 20m to the left of the seal)*  
 Approximate quantity of wood to be collected: \_\_\_\_\_  
 What is the wood going to be used for: \_\_\_\_\_

## WHEN IS THE WOOD GOING TO BE COLLECTED:

*(please allow 10 business days before collection date)*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

What traffic safety measures are you going to take: \_\_\_\_\_  
*(e.g. Signs, safety vest, witches hats)*  
 What training have you had in traffic control operations? \_\_\_\_\_

## Copy of Public Liability Insurance - Certificate of Currency to the value of 20 million dollars (\$20,000,000).

*Note: Permit will not be issued without public liability insurance.*

Name of Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Privacy collection notice

Council collects your personal information for the purposes specified on this form and directly related purposes. Incomplete information on the form may result in Council not being able to process your application. Information provided on this form is kept securely and Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the use by Council and that they may apply to Council for access and/or amendment of the information or make a complaint by contacting Council on 1300 520 520 or email [buloke@buloke.vic.gov.au](mailto:buloke@buloke.vic.gov.au).

## OFFICE USE ONLY (COMMENTS ON TRAFFIC SAFETY ISSUES FORSEEN):

\_\_\_\_\_

Cross file connection:  Granted  Denied Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_