

**Application for a permit to operate**
**Applicable Law**
*Cairns Regional Council Local Law No. 1 (Administration) 2016*
*Cairns Regional Council Local Law No. 6 (Camping Grounds, Caravan Parks and Shared Facilities Accommodation) 2016*

For all applications, you must: • complete this form • complete any other forms relevant to your application • provide all supporting information /documentation required • submit with applicable fee

**Applicant details**

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 Cairns Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant.

Applicant's name	Title:	First name:	Surname:
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For companies

Business Name:	
Director Name/s:	
ABN:	
Mobile number	
Other contract number/s	
Email address	
Address	
Postal address	

**Business Details**

Trading Name:	
Business Address:	
Business Contact Number(s):	
Business Contact Email:	
Managers Name:	
Managers Contact Number	

**Type of application – New premises must include Plans and Specifications**
**Fee Schedule – Category C**

Permit Fee	<b>\$650</b>
Transfer Fee	<b>\$325</b>
Minor Amendment Fee	<b>No Charge</b>
Major Amendment Fee	<b>50% of Permit Fee</b>
Copy of Certificate	<b>No Charge</b>

New Permit <input type="checkbox"/>	Renewal Application <input type="checkbox"/>	Amendment <input type="checkbox"/>
Transfer of Existing Permit <input type="checkbox"/> (Camping Grounds / Caravan Parks only)		
<i>Please note that amendment can include amendment to any conditions imposed on the original permit.</i>		

Briefly describe details of the renewal or amendment (if applicable)

OFFICE USE ONLY PAYMENT DETAILS	Payment Amount	\$	Date	
	Receipt Number	#	Health Number	#

Rec Type T163 New T80 Existing

## Transfer of existing Permit (where permissible)

I /We being the current holder of Approval number noted and issued under *Local Law No. 1 (Administration) 2016*, apply for transfer of the Approval to the proposed transferee as listed as the "Applicant" under Applicant details of this application.

### Current Approval Holder

Name		Phone
Permit #	Signature	Date

### Proposed Approval Holder

Name	Phone
Signature	Date

**Please note that permits for a shared facilities accommodation are not transferable under section 5(3) of *Local Law No. 6 (Camping Grounds, Caravan Parks and Shared Facilities Accommodation) 2016*.**

**It will be at Council's discretion as to whether the transfer of permit will be allowed.**

### Property where the activity is to take place

Property address

Name of owner of Property if not the Applicant  
(eg. Cairns Regional Council, company name)

RP description

Lot No.:	Registered Plan No.:

### Information regarding the Camping Grounds, Caravan Parks and Shared Facilities Accommodation

1. What is the proposed use?  
(Please tick one or more as applicable)

<input type="checkbox"/> Camping Ground <input type="checkbox"/> Caravan Park <input type="checkbox"/> Shared Facility: <input type="checkbox"/> Please describe: _____
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2. Is there a current approval or permit for the camping ground, caravan park or shared facility?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, <b>attach</b> evidence that the relevant approval has been granted or an application for the relevant approval has been made. New premises must include plans and specifications.	

3. Is there a pest management plan for the site?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, <b>attach</b> the pest management plan	

4. Is there a fire management plan for the site and a current fire safety report from QFRS?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, <b>attach</b> the fire management plan and current fire safety report	

5. Is there a detailed site management plan for the site?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, <b>attach</b> the site management plan that identifies as appropriate the site office, all sites, buffer zones between sites and roads, site access, overhead and internal lighting and when the lighting will operate, bedrooms and beds, fixtures, equipment, furniture, communal facilities, sanitary facilities, water tap access points and disposal points and communal areas.	

6. Is the water supply town water supply?

Yes  No

If no, **attach** a current copy of a water analysis certificate

7. How do you intend to deal with waste at the site?

*Please provide a detailed description, and attach further documents if necessary.*

8. Is there access for emergency vehicles?

Yes  No

If yes, please provide details of access.

9. Is there a swimming pool at the site?

Yes  No

If yes, please **attach** required records for the swimming pool.

10. How do you intend to deal with bed linen at the site?

*Please provide a description, including proposed washing frequency.*

11. Does the Applicant have public liability insurance?

Yes  No

If yes: **Attach** a copy of your public liability insurance to the value of \$20,000,000 noting Cairns Regional Council as an interested party.

12. Has the Applicant provided security to the Council by way of bond bank guarantee or otherwise to secure performance of the conditions of the permit?

Yes  No

If yes state amount: \$

13. Do you have an on-site manager?

Yes  No

If yes, please provide details of person.

## Premises Checklist

	Number		Number
Maximum persons accommodated	<input type="text"/>	Laundry Facilities	<input type="text"/>
Rooms	<input type="text"/>	Washers	<input type="text"/>
Cabins	<input type="text"/>	Dryers	<input type="text"/>
Sites	<input type="text"/>	Clothes line (in meters)	<input type="text"/> m
Single Bedrooms	<input type="text"/>	Toilets – Male	<input type="text"/>
Double Bedrooms / Twin	<input type="text"/>	Showers – Male	<input type="text"/>
Dormitories	<input type="text"/>	Showers- Unisex	<input type="text"/>
Bunk Beds	<input type="text"/>	Showers - disabled	<input type="text"/>
Kitchens	<input type="text"/>	Toilets – Female	<input type="text"/>
Dining Rooms	<input type="text"/>	Showers – Female	<input type="text"/>
A clearly designated office	<input type="text"/>	Toilets - disabled	<input type="text"/>
Car parking spaces	<input type="text"/>	Toilets - Unisex	<input type="text"/>
Car parking spaces - disabled	<input type="text"/>	Showers - Unisex	<input type="text"/>
Pools/Spas	<input type="text"/>	Fire proof safe	<input type="text"/>

## For Shared Facilities Only

14. State how you have ensured that no cooking or facilities for cooking are allowed in any bedroom?

15. State how you have ensured that sleeping bags are not to be used to sleep on any bed?

16. State how you have ensured that a secure, lockable storage area is provided for the purpose of storing occupants' packs and luggage?

17. If the accommodation has bunk beds, what is the distance (in centimetres) between the surface of:

- a. the lower bed and the base of the upper bed?
- b. the upper bed and the ceiling?

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\_\_\_\_\_

18. Is there under cover dining room seating for a minimum of 25% of the maximum potential number of occupants?

Yes  No

19. Is there at least one hand wash basin with hot and cold water delivered through a common outlet in each kitchen?

Yes  No

20. Is there refrigerator space which is sufficient to meet the reasonable needs of the maximum potential number of occupants?

Yes  No

21. Is there vermin proof dry food storage space which is sufficient to meet the reasonable needs of the maximum potential number of occupants?

Yes  No

22. Is there washing up sinks or dishwashers which are sufficient to meet the reasonable needs of the maximum potential number of occupants?

Yes  No

**Criteria for assessment of application**

You **MUST** complete **ALL RELEVANT** questions. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made application.

**General Criteria under Local Law No. 1 (Administration) 2016**

Council must assess your application against the general criteria. To assist council's assessment you must provide the following information as an attachment to this application:

- proof that you currently hold any separate approval relating to the activity that is required under another law, including proof of any conditions, plans or limitations that attach to the approval;
- proof that the management of the activity will protect public health, safety and amenity and prevent environmental harm;
- identify best practice management for the proposed activity;
- if the activity is to be conducted on trust land, say why the activity is consistent with the purpose of the trust;
- indicate how the activity will benefit the good rule and governance of Cairns;
- indicate how the activity will not be detrimental to the good rule and governance of Cairns;
- indicate whether you have been convicted of a breach of a local law within the last three years; and
- whether an approval for the same or similar activity was given under the repealed local laws.

**Additional criteria under Local Law No. 6 (Camping Grounds, Caravan Parks and Shared Facilities Accommodation) 2016**

Council must assess your application against the additional criteria that apply to this activity specifically. To assist Council's consideration, please provide the following information as an attachment to this application:

- Proof that the application for the permit is consistent with the provisions of local government's planning scheme, any development approval issued for the site or any existing lawful use rights;
- Proof whether the development will be operated to a proper standard of hygiene, safety and comfort.

**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.....
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**Cairns Regional Council – Information Privacy Statement**  
 Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.