

Approval to Operate a Camping Ground Application

Local Law 1 (Administration 2012) and
Subordinate Local Law 1.6
(Operation of Camping Grounds) 2012

Address all communications to
The Chief Executive Officer

PO Box 974, Ayr Qld 4807
T (07) 4783 9800 | F (07) 4783 9999
enquiries@burdekin.qld.gov.au

NOTE: SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL. USE OF PREMISES AS A CAMPING GROUND IS NOT PERMITTED UNLESS WRITTEN APPROVAL IS GRANTED.

Section 1: Applicant Details (Please print)			
Full Name:			
Postal Address			
Telephone:		Mobile	
Email:			

Section 2: Business Details (Please print)			
Name of Accommodation:			
On-site contact:			
Telephone:		Mobile	
Business Email:			
Postal Address:			
ABN/ARBN:			
Emergency contact Name: <i>If different to the above</i>		Mobile	
Street address for the camping ground:			
Real Property description:			
Are you (the Applicant) the owner of the property referred to in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach a letter from the owner giving approval for the operation of a camping ground on their property.			

Section 3: Operational Information	
Maximum number of sites in total:	
Schedule 1 is also required to be completed and returned with this application.	

Section 4: Attachments	
1. If the applicant is not the owner of the land on which the camping ground is located, written consent from the land owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. A site plan drawn to scale of 1:200 showing: <ul style="list-style-type: none"> The immediate area of the proposed camping grounds including boundaries. Clear demarcation of sites including identifying number for each site and distance between sites. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

- The locations of the roads, car, parks, buildings and structures situated in the camping ground including location of recreational facilities and food preparation areas eg camp kitchen/s.
- Details of the water supply system including the position of all water points.
- The position of all refuse containers.
- Details of the sewerage system including sanitary convenience, ablution and laundry building.
- Details of the on-site sewerage facilities and the waste water disposal system.
- Details of water quality, recirculation and drainage facilities to be provided for users of the camping ground.

3. A copy of the rules which will govern the use of the camping ground. Yes No

Section 5: Checklist

Yes I have (please tick all that apply)

- completed all Sections of this Application (as applicable to my application)
- completed and attached Schedule 1
- the fee ready to submit with this Application
- spoken with Council's Building and Town Planning sections to confirm their requirements

Section 6: Declaration and Signature

Declaration: I hereby apply for permission to operate a camping ground as described above and in Schedule 1. I understand that should approval be granted that the premises shall not be changed unless prior approval in writing is obtained from Council's Environment and Health section. I, the above named applicant/s, do sincerely declare that the information shown above is true and correct.

I also enclose the non-refundable application fee. I understand that this fee does not guarantee permit approval.

Signature of Applicant:

Date:

Information Privacy Act 2009. Burdekin Shire Council is collecting the personal information you provide on this form in accordance with Subordinate Local Law 1.6 (Operation of Camping Grounds) 2012 for the purpose of assessing your application and monitoring compliance. Your information will not be disclosed to a third party without your consent unless required or authorised by law.

Office Use Only

Fee Paid	\$	CSO Initials		Applic. No		Prop ID No	
Receipt No				Action	New: EO Renewal: LIC	Land ID No	
Date Paid	/ /			Noted	New: LIC Renewal: EO	Function ID No	651

Schedule 1

Operation of a Camping Ground Details of Facilities to be provided on site

Site Details:			
Premises Name:			
Premises Address			
Number of sites		Number of sites with an ensuite	
Distance between sites:			

Amenities: (provide details of number to be provided on site)					
Facilities	Minimum Requirements		Male	Female	Unisex
Shower/bath	1 for each sex for every 15 sites (hot and cold water)				
Hand basin	1 for each sex for every 15 sites (hot and cold water)				
Toilet	No. of sites	Female	Male		
	Up to 40	1 for every 7 sites or part thereof	1 for every 10 sites or part thereof		
	Over 40	6 + 1 for every 15 sites or part thereof over 40 sites	4 + 1 for every 15 sites or part thereof over 40 sites		
Urinal	0.6m of stall for every 20 sites or part thereof				

Laundry: (provide details of number to be provided on site)		
Item	Minimum Requirements (for every 25 sites)	Number
Laundry tub/s	1 set of wash tubs (hot and cold water)/laundry	
Washing Machine/s	1 clothes washing machine	
Clothes Hoist	a) 1 clothes hoist or equivalent length of clothes line or b) Combination of clothes dryer or clothes line (1 clothes dryer = 1 clothes line)	

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General	
Is the property to be serviced by Council's reticulated water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide details on how you will provide an adequate supply of potable water for drinking, including the source of the water and all treatment methods. If available please attach results of any recent water tests.	
Is the property serviced by Council's sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide details of the system to be used.	

Signature				
I acknowledge that the information provided in this schedule will be used to assess my Application for Approval. Any changes to the facilities and other information, without prior approval from Council's Environment and Health section may affect the approval.				
Applicant's Name:				
Applicant's Signature:	<table border="1"> <tr> <td> </td> <td>Date:</td> <td> </td> </tr> </table>		Date:	
	Date:			