

Application to install Work Zone parking signs



Allow a minimum of 10 business days for assessment of your application.

Applicant Details									
Site Address:									
Applicant/Business Name:									
Applicant's Postal Address:									
Telephone Number:					Mobile Number:				
E-mail Address:									
ABN:					ACN:				
Time Period for Work Zone:		From: / /			To: / /				
Do you have an Asset Protection Permit?									
NO	<input type="checkbox"/>	YES /					APP	
What are the current parking arrangements within the proposed area? (tick box)									
Timed paid parking	<input type="checkbox"/>	Unrestricted parking	<input type="checkbox"/>	Time restricted parking	<input type="checkbox"/>	Parallel parking	<input type="checkbox"/>		
Angle parking	<input type="checkbox"/>	Other restricted parking (please state):							
Permit type required (up to 4 parking bays or 24 metres, whichever is the lesser)									
3 months	<input type="checkbox"/>	6 months	<input type="checkbox"/>	9 months	<input type="checkbox"/>	12 months	<input type="checkbox"/>	Paid parking area (per space, P.O.A.)	<input type="checkbox"/>
Extensions	<input type="checkbox"/>	Additional parking bays, in excess of standard four bays							

Principal's Indemnity Agreement

Obligation to Insure: The Permit Holder shall at all times during the agreed Term, be the holder of a current Public Liability Policy of insurance ("The Public Liability Policy") in respect of the activities specified herein in the name of the Permit Holder providing coverage for a minimum sum of \$20M. The Public Liability Policy shall be affected with an insurer approved by the Council. The Public Liability Policy shall cover such risks and be subject only to such conditions and exclusions as are approved by the Council and shall extend to cover the Council in respect to claims for personal injury or property damage arising out of the negligence of the Hirer/User/Permit holder.

Council's Indemnity: The Permit Holder agrees to indemnify and to keep indemnified, the Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, in connection with the Permit Holders performance or purported performance of its obligations under the Permit once granted and be directly related to the negligent acts, errors or omission of the Permit Holder.

Application Requirements

Letter of consent from neighbouring property owners: If you require additional bays on either side of the site frontage, a letter of consent from the neighbouring property owners stating that they do not object to the Work Zone in front of their property is required with this application.

Site Plan/Drawing: Site plan/drawing must clearly show the proposed length of the Work Zone (i.e. number of parking bays required) and the location of the Work Zone.

Notes

- Work Zone parking restrictions do not come into effect until signage is installed.
- Work Zone parking restrictions are: 7am to 5pm Monday to Friday and 9am to 3pm Saturdays unless otherwise agreed upon by Council.
- Work Zones within an existing metred parking area will attract additional permitting costs.
- All vehicles parked in a Work Zones must display a copy of the permit or may be subject to parking infringements.
- Separate permits are required for the placement of bins or other construction equipment on public land.

Application Checklist

- site plan/drawing
- letter of consent from neighbouring property owners (if applicable)

Applicable fees will be invoiced upon receipt of application.

How to Apply

Email: devpermits@portphillip.vic.gov.au

Mail: City Permits, City of Port Phillip, Private Bag No. 3, PO St Kilda, VIC 3182

Acceptance of Terms and Conditions

I declare that I am an authorised person to apply for the Work Zone Permit and that all information in this application is true and correct.

I accept and undertake to comply with the conditions specified on the permit and understand and accept that all fees are non-refundable.

By signing this application, I agree that I have read, acknowledged, and accepted all of the terms and conditions, and disclosures contained in this document.

Applicant's Name:

Applicant's Signature:..... **Date:**

Privacy Statement: The personal information requested on this form is being collected by the council for purposes of assessment in accordance with assessment for a work zone permit. The personal information will be used solely by the council for that primary purpose or directly related purposes. The applicant understands that the personal information provided is for the purpose of considering the application for a Work Zone Permit and that he or she may apply to the council for access to the information. Requests for access and or correction should be made to Freedom of Information & Privacy Officer Governance & Engagement Department, City of Port Phillip.