

## APPLICATION FOR THE INSTALLATION OF A MOVEABLE DWELLING OR RIGID ANNEX IN A CARAVAN PARK

Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards) Regulations 2020

Please complete this form and provide it to Towong Shire together with:

• a site plan of the proposed installation drawn to a scale of not less than 1:100 which shows the distance to any surrounding structures

## Type of Installation:

Please tick any of the categories listed below that are applicable:

Please tick any of the catego		, ,
TYPE OF INSTALLATION		
Please tick any of the categ	ories listed below that	are applicable:
□ UMD	□ Rigid Annexe	□ Other (Specify)
APPLICANT DETAILS:		
Name of applicant:		
Address:		
Postal address (if different from	n above) :	
Contact numbers: Business ph	none:	Mobile:
Email:		
CARAVAN PARK DETAILS:		
Business or Trading name:		
Address of premises:		
Contact numbers: Business ph	one:	Mobile:
Email:		
Site Number for Installation:		
CONDITION OF REGISTRATION	/DENEWAL	
CONDITION OF REGISTRATION	/KENEWAL	

NSTALLATION DETAILS							
Installation of:							
□ UMD		Rigid Annexe	□ Other	(Specify)			
If installation of a Rigid Annexe,	is it being a	ttached to:					
□ UMD		Moveable Dwellir	ıg				
Is a compliance plate permanen	tly affixed to	the front of the	dwelling or rigid a	annexe:			
□ Yes		No					
Proposed Date of Installation:	:						
INSTALLERS DETAILS:							
Installation to be carried out by:							
Full Name:							
Address:		<b>T</b>					
Contact numbers: Business pho	ne:		Mobile:				
Email:							
		ADDITIONAL IN	IFORMATION				
□ Site Plan			tion Details includi	ina structura	al desid	an and detai	ils
				9 24. 4 244.	0.00.5	y aa a a a	
Declaration							
I understand and acknowledge t	that:						
<ul> <li>The information provide</li> </ul>			•	•		•	
<ul> <li>This application is a legal</li> </ul>							
<ul> <li>If the business is owned</li> </ul>					_	•	
<ul> <li>If the business is owned</li> </ul>	d by a comp	any or association	n – the applicant	on behalf o	of that	body must	sign and
print their name.							
Applicant signature(s)							
Printed name/s			/				
Signature applicant/s			/				
Signature applicant/s	DATE: /	/		DATE:	/	/	
Owners Consent Caravan Park Owner/s Name							
Signature Caravan Park Owner/s	;						
	DATE: /	/		DATE:	/	/	
Fees: Please contact Council's En	nvironmenta	l Health Services	Department to de	etermine the	appro	priate fee.	

**Privacy Statement:** This information is collected under the requirements of the Food Act for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the Information Privacy Act.

## Lodgement

**By Mail:**Po Box 55
Towong VIC 3700

By Email:

info@towong.vic.gov.au

**In Person:**Call to arrange an appointment

1300 365 222