

Temporary Ground Anchors (Road Reserve) Application 23/24



| If you need help lodging your form, contact us | |
|--|---|
| Email | council@northernbeaches.nsw.gov.au |
| Phone | 1300 434 434 |
| Customer Service Centres | Manly Town Hall, 1 Belgrave Street Manly NSW 2095 |
| | Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099 |
| Customer Service Centres | Mona Vale 1 Park Street Mona Vale NSW 2103 |
| | Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107 |

| Office use only | |
|-----------------|----------------------------------|
| Form ID | 4018 |
| TRIM Ref | C000978 |
| Last Updated | June 2023 |
| Business Unit | Environmental and Climate Change |
| Application No. | T G A 2 0 / |
| Receipt No. | |

| Privacy Protection Notice | |
|---------------------------|---|
| Purpose of collection | For Council to provide services to the community |
| Intended recipients | Northern Beaches Council staff |
| Supply | If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek |
| Access/Correction | Please contact Customer Service on 1300 434 434 to access or correct your personal information |

About this form

This application form is for the installation of temporary ground anchors under Council's footway/road reserve. Council does not approve temporary ground anchors under private properties.

A separate approval is also required to be obtained from the Transport for NSW (TfNSW) if it is proposed to install ground anchors under a State or a classified Regional Road. Council will not approve the application unless TfNSW approval is obtained first. Works within a public road must not commence until you receive an approval letter from Council.

Note: Council will NOT approve permanent ground anchors in the Road Reserve area

Part 1: Fees

| | |
|--|---------------------------|
| Temporary Ground Anchors Application | \$1,587 |
| Temporary Ground Anchors fee per anchor (the number of anchors and associated fee will be confirmed by Council prior to payment) | \$914 |
| Bond - A bond may be required to be lodged by the applicant in accordance with S97 of the Local Government Act | Determined on application |

Part 2: Applicant Details

| | | | | |
|--|--------------------------|---------------------------|--------------------------|--------|
| Title | Mr <input type="radio"/> | Mrs <input type="radio"/> | Ms <input type="radio"/> | Other: |
| First Name | | | | |
| Last Name | | | | |
| Address (We will post to this address) | | | Postcode | |
| | Phone | | Mobile | |
| Email | | | | |
| Contact person (Person who may be contacted to discuss the application during business hours) | | | | |

Part 3: Location of the proposed works

| | |
|----------------------------------|--|
| Property no. | |
| Street(s) | |
| Suburb | |
| Lot number + DP/SP | |
| Nearest property or cross street | |

Part 4: Public Liability Insurance

| | | | |
|---|----|------|--|
| <p>Permits will not be issued unless you have public liability insurance for the area you want to use. Please complete this form, giving details of your public liability insurance.</p> <p>A Certificate of Currency must be provided to Council by the insurance company before a permit is issued.</p> <p>I _____ hereby declare that I as permit holder and Northern Beaches Council are insured for legal liability to the public in respect of personal injury or property damage for a limit of indemnity of not less than \$20 million.</p> | | | |
| Name of insurance company | | | |
| Public liability policy number | | | |
| Period of insurance from | | to | |
| Limits of indemnity | \$ | | |
| <p>I understand that this insurance shall not be cancelled or lapse without the agreement of Northern Beaches Council and the policy document shall be endorsed to this effect.</p> <p>This insurance includes the cross liability clause.</p> | | | |
| Applicants signature | | Date | |

Part 5: Description of Works

| | | | | | | | | | | | |
|---|--|--|--|--|-----|---|--|----|--|---|--|
| Detailed description of the proposed works | | | | | | | | | | | |
| | | | | | | | | | | | |
| Number of proposed ground anchors | | | | | | | | | | | |
| When do you wish to commence installation of anchors? | | | | | | | | | | | |
| How many weeks will the anchors be in place? | | | | | | | | | | | |
| Is this application associated with a development approval? | | | | | Yes | | | No | | | |
| Development consent number | | | | | D | A | | | | / | |
| Location of anchors on site | | | Please attach plan of anchor locations | | | | | | | | |
| Council reserves the right to withdraw approval if the conditions of approval have not been satisfied | | | | | | | | | | | |

Part 6: Application Checklist (Documentation to be submitted with this application)

| | |
|--|--|
| | Public liability insurance details (min \$20,000,000) with Council listed as an interested party |
| | Plans and documents including structural drawings certified by a design engineer |
| | Consent from any affected public utility authority if construction is likely to affect any services supplied by that Authority i.e. TfNSW |
| | A dilapidation report of the footway/roadway adjoining the site/work area prior to the commencement of works prepared by a suitably qualified engineer |
| | A survey of all utility services and underground structures in the area of the proposed shoring works including utility service access points/hatches |
| | A report on the potential impact on any Council street trees including details of any trimming of limbs (if applicable) |

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ACCORDING TO PROCEDURES**

| Credit Card Details | | | |
|---------------------|----------------------------------|----------------------------|--|
| Please charge my | <input type="radio"/> Mastercard | <input type="radio"/> Visa | <input type="radio"/> American Express |
| Amount | \$ | | |

| | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name as appears on card | | | | | | | | | | | | | | | | |
| Card Number | | | | | | | | | | | | | | | | |
| Expiry Date | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Signature | | | | | | | | | | | | | | | |
| Daytime Phone Number | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | |

Please note: Payment card surcharge of 0.5% applies

| Office Use Only | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Application No. | | | | | | | | | | | | | | | |

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