

<p>OFFICE USE ONLY</p> <p>PN #</p> <p>IMU Ref #</p>

All correspondence to: Chief Executive Officer
 Gympie Regional Council
 PO Box 155
 GYMPIE QLD 4570
 Telephone 1300 307 800

APPLICATION FOR CONDITIONAL WATER RESTRICTIONS PERMIT

Applicants must refer to Water Restrictions Table before completing this form. I/We hereby make application for a Conditional Water Restrictions Permit.

Applicants Name: (Please Print)

Business Trading Name:

Category of Business:

<input type="checkbox"/> Hotels/Motels	<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Nurseries
<input type="checkbox"/> Schools	<input type="checkbox"/> Landscapers	<input type="checkbox"/> Bowls Clubs
<input type="checkbox"/> Dog Washers	<input type="checkbox"/> Car Detailers	<input type="checkbox"/> Developers
<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Water Pressure Cleaners	
<input type="checkbox"/> Pool Companies	<input type="checkbox"/> Concreting/Bricklaying/Trades	
<input type="checkbox"/> Community Groups (Cricket/Surf Clubs)		
<input type="checkbox"/> Other:		

Postal Address:

.....

Phone () Facsimile ()

Address of Water Related Activity:

Reason for Application:

<input type="checkbox"/> No Alternative Available	<input type="checkbox"/> Business Viability	<input type="checkbox"/> Public Health
<input type="checkbox"/> Other:		

Restriction Category:

<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Public Health	<input type="checkbox"/> Schools
<input type="checkbox"/> Commercial Businesses	<input type="checkbox"/> Council Parks/Gardens	<input type="checkbox"/> Sports Grounds
<input type="checkbox"/> Bowling Greens	<input type="checkbox"/> Golf Greens	<input type="checkbox"/> Turf Pitches
<input type="checkbox"/> Commercial Nurseries/Market Gardens/Orchards		

Proposed Use:

Frequency and Hours of Intended Use:

WATER BUSINESS UNIT

Requested Duration of Water Restrictions Exemption:

The Applicant shall state in the space provided below (if additional space is required, please attach a separate page) the justification for the granting of Conditional Restriction and any other relevant information, e.g. Financial impact, minimum requirements to sustain business, existing or planned initiatives for water conservation etc.

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I/We acknowledge that the conditional restriction, if approved, is not transferable to any other party or location and is the responsibility of the nominated approved Permit Holder.

I/We state that every effort will be made to conserve water at all times.

I/We understand that this Permit is relevant only to the current Water Restrictions. Furthermore, I/We understand that any violation of the terms of the conditional restriction will result in the immediate disqualification of the conditional restriction.

Applicants Signature: Date: / /

Lodgement of this application can be made:

- In person at any Gympie Regional Council Office, OR
- By post to the address at the top of this application, OR

For more information, telephone the Water Business Unit on 1300 307 800

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On receipt, this form shall be forwarded to the Water Business Unit for processing. Please ensure the following actions are completed:

1. Ensure the application is entered into the Conditional Water Restrictions Data Base and its registration number is noted.
 Completed:
2. Recommended YES / NO Authorising Officer:
 Signature: Date: / /
3. Approved YES / NO Authorising Officer:
 Signature: Date: / /
4. Advise the Applicant by means of a standard letter if application is successful, or advise by standard letter of non-approval.
 Completed:
5. Ensure a file is created in the Conditional Water Exemption Data Base. Completed:

PRIVACY STATEMENT: *Gympie Regional Council collects personal information where it is directly related to a function or activity of Council and where the collection of such information may be reasonably considered as necessary for that purpose. It will only use personal information for that purpose, and will not disclose it, except as permitted under the Information Privacy Act 2009.*