

Application Temporary Camping Ground



1. Contact details

Full name of applicant(s) or organisation name:

Trading name:

Postal address for correspondence:

Phone:

Day

Mobile:

Email:

Address of site to be used for temporary camping:

General purpose of premises:

Proposed opening date:

Proposed closing date:

2. Other details

Number of sites to be provided:

Number of toilets: Male Female Unisex

Number of showers: Male Female Unisex

Please provide a copy of your Camp Management Plan.

Please provide a copy of your site plan showing: toilets, lighting, portable water supply, refuse, kitchen facilities, details of site structures, etc.

Applicant's signature:

Date:

A fee is required to be paid when the application is submitted.

Please check fees and charges on our website or ask customer service.

OFFICE USE ONLY:

Medical Officer of Health approval required: Yes No If yes, date approved
Approved Declined Hold

Conditions to be imposed:

Officer:

Date:

Category: CP CP2 CPLD CPLD2

Inspection months:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec