



Contact Details:

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Updated: June 2023 Our Ref: 45490/2018

ROADSIDE VEGETATION MAINTENANCE (BY RESIDENT) APPLICATION FORM

For the approval of roadside vegetation maintenance within a public road reserve (by resident)

1 Details of the applicant *		Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>
First Name _____	Surname _____	
Company: _____	ABN: _____	
Postal address _____		
Suburb _____	State _____	Postcode _____
Phone: _____	Email: _____	
2 Owner and Property location - Please provide full details		Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>
First Name _____	Surname _____	
Company: _____	ABN: _____	
Lot Nos	DP Nos	Street Address and Locality
Are the property boundaries clearly identified?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES Place a star picket or indicator peg to define the location.		
If NO Boundary identification will have to be undertaken by Applicant or through a private surveyor at Applicant's expense prior to approval being granted.		
3 Reason for request:		
<input type="checkbox"/> Certified Organic	<i>Please attach copy of certification</i>	
<input type="checkbox"/> Biodynamic Producer	<i>Please attach copy of certification</i>	
<input type="checkbox"/> Medical Reason	<i>Please attach letter from Medical Practitioner's</i>	
<input type="checkbox"/> Chemical Sensitivity	<i>Please attach letter from Recognised Authority</i>	
<input type="checkbox"/> Map	<i>Please attach a map identifying the property and road reserve</i>	
<input type="checkbox"/> Other (please describe)		

Authority No:	
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ROADSIDE VEGETATION MAINTENANCE (BY RESIDENT) APPLICATION AGREEMENT

In making this application I hereby acknowledge that should my application be approved, I will be responsible for the maintenance of the vegetation along the road frontage of my property as identified in the **attached** map in accordance with the approval.

That failure to do so is likely to result in Council revoking the approval and resuming the chemical spraying of the vegetation.

I acknowledge that I am responsible for the replacement of guideposts in the event that they are damaged or removed outside of Council maintenance operations.

I declare that I am the registered owner of the property for which the permit is being applied.

OR

I declare that I am the occupier of the property for which the permit is being applied and **attach** formal approval from the registered owner of the property.

I agree to the conditions of the Roadside Vegetation Maintenance (By Resident) Agreement and **enclose** the completed Application Form together with supporting evidence.

APPLICANT CHECKLIST:

Have you attached the following supporting document if required?

<input type="checkbox"/> Certified Organic	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Biodynamic Producer	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Medical Reason	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Chemical Sensitivity	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Map	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Registered Owner Approval	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>
<input type="checkbox"/> Other (<i>please describe</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO – <i>Not required</i>

_____ Insert name

_____ Signature

_____ Date

_____ Insert name

_____ Signature

_____ Date

Please return completed application form together with supporting documentation to:

Postal: Nambucca Valley Council PO Box 177 Macksville NSW 2447
Email: council@nambucca.nsw.gov.au

