

Applicant

Full name	
Postal address	
Representing (Name of organisation)	
Business phone	
Mobile phone	
Email	

## Amusement Device Information

Pursuant to the Machinery Act 1950, I/We hereby make application for a permit to operate a:

at	
from	to

and certify that, having regard to the situation in which the device is erected, it can be operated without danger to persons operating or using it or in its vicinity.

In support of this application, attached is:

The device's certificate of registration □ yes

Prior to issuing a permit Council must be satisfied that:

- An Engineer's report certifying the ground on which the device is erected is capable of supporting it ٠ without risk of subsidence.
- There is sufficient clearance between any part of the device and any fixed or moving objects in its • vicinity to prevent injury to any person when the device is in operation
- Protective fences or barriers, if required, are erected.
- In all other respects, the erection and proposed operation of the device complies with the Whakatāne District Council's bylaws.

Signed:

Dated:

\$11.30 one device Fees:

\$2.30 each additional device

## Office Use

Total fee payable:	\$ Total paid:
Receipt number:	Date paid:
Code:	CS initials

Please forward original to Building and Monitoring and email a copy to openplacesadmin@whakatane.govt.nz

