

APPLICATION FOR A ROAD OCCUPATION LICENCE

Address all correspondence to: Chief Executive, Whakatane District Council, Private Bag 1002, Whakatane 3158 I Phone 07 306 0500 I Fax 07 307 0718						
APPLICANTS DETAILS						
Business Name					Date	
First Name				Surname		·
Position						
Physical Address						
House/Unit Num	ber			Street		
RD Number				Suburb/Area		
Town					Post Co	de
Postal Address (if different from Physical address)						
Home Phone				Work Phone		
Mobile Phone				Email Address		
Legal Descriptio	n					
Valuation Ref:						
Application is:			Owner of the property	У		Occupier of the property
Description of occupation area: Clearly describe (including measurements) the item(s) you wish to occupy the footpath area showing the proposed occupation area in relation to the property boundaries and the edge/shoulder of the road.			Lessee/tenant		0	Other (Please specify)
Attachments: (to be submitted with the application)			Detailed plan/aerial			
THE APPLICATION WILL NOT BE ACCEPTED OR PROCESSED UNLESS THE APPLICATION FORM IS COMPLETED AND ALL ATTACHMENTS INCLUDED						

Pursuant to the Privacy Act 1993 it is brought to your attention that the personal information contained in this form is being collected to assist the Council in processing your application. You have the right of access to and correction of this information subject to the provisions of the Privacy Act 1993.