

**APPLICATION FOR CARAVAN PARK OR CAMPING
GROUND SPECIAL APPROVAL**

Tamworth Regional Council
P O Box 555
TAMWORTH NSW 2340
ABN 93 752 522 800

SECTION 68 F2
LOCAL GOVERNMENT ACT 1993

DX 6125
Tel: (02) 6767 5555
Fax: (02) 6767 5499

OFFICE USE ONLY	<i>APPLICATION No.</i>	
	<i>DEVELOPMENT APPLICATION No.</i>	
Fee Paid		Rec No.
		Date:

APPLICANT'S DETAILS

Applicants Name: Reference:

Applicants Address:

DX: Phone: Fax:

.....
(Applicants Signature) (Date)

LAND OWNER'S DETAILS

Owner's Name:

Owner's Address:

DX: Phone: Fax:

As the owner of the land, I/we consent to the lodgement of this application (Note: Signature of all owners is required)

.....
(Owner's Signature to consent to lodgement of application) (Date)

PROPERTY IDENTIFICATION

Lot DP Section:

Street No Street Name Site Area m²

Portion: Parish: Locality

DETAILS OF CARAVAN PARK/CAMPING GROUND

Name of Caravan Park/Camping Ground

Approval required for a period of

Estimated Number of Campers Number of sites

Number of Toilets provided Female pans Male pans Urinals

Number of Handbasins provided Female Male

Number of Showers provided Female Male

Privacy Statement:
The information you supply comprises part of a public register which may be viewed by anyone on request.