Shire of Dardanup

APPLICATION FORM
VERGE TREATMENT
Infr CP057
FORM 147

Date stamp

Part 1 Details of Proposed Verge Treatment

Owner(s) Name

Business Name (if applicable)

Lot No | Street No | Street Name

Suburb

Postal Address

Daytime Contact Phone Number | Mobile Phone

Email Address

Part 2 Person/Contractor Details who is installing verge treatment (ONLY complete if different to Owner in Part 1)

Name

Business Name (if applicable)

Postal Address

Daytime Contact Phone Number | Mobile Phone

Email Address

Part 3 General Conditions

1. Verge treatments must meet the requirements of Council Policy CP057 (attached). Applications which do not meet the policy and are deemed unsatisfactory will be rejected.

2. Applicants are required to submit with their application a drawing clearly indicating the dimensions of the area to be landscaped, approximate position of proposed plants, the type and layout of reticulation (if any) and paving. Please note any existing features (services, crossover, street trees, footpath etc) on the landscape sketch on the reverse of this form (Part 4).

3. No works are to commence until the application is approved and the applicant is notified by Council.

4. Following approval the applicant must notify Council staff to carry out any required inspections and approval of works at the hold points indicated in the approval.

5. Works completed at each hold point must be approved before proceeding to the next step. Non-conforming works shall be rectified until approved.

Part 4 Proposed Landscape Sketch of Verge Treatment

Part 5 Declaration

I hereby declare that I understand the requirements for the verge treatment and make application for the permission to undertake works as indicated on the plan submitted.

Upon completion of the work I agree to maintain the verge installation as per the Shire of Dardanup Verge Policy CP057.

Checklist for Applicant:

- ☐ All information required on the form has been completed
- ☐ Plan of proposed verge treatment has been completed above (Part 4) or is attached to this application
- ☐ All conditions are understood and addressed in the plans submitted
- ☐ Declaration has been signed

Name

Signature of Applicant

Date

Part 6 Return form to

Shire of Dardanup
1 Council Drive/PO Box 7016
EATON WA 6232

Phone: (08) 9724 0000
Email: records@dardanup.wa.gov.au

Part 7 OFFICE USE ONLY – ASSESSMENT

Assessing Officer Name:			Authorising Officer:		
	Yes/No	Initial			
Site Assessed			Approval Granted/Refused		
				Yes/No	Initial
Recommended Approval			Applicant/Owner advised		
			Date		