



APPLICATION FOR TEMPORARY ACCOMMODATION OF A MOVEABLE DWELLING

Applicant name: _____

Applicant address: _____

Telephone and email: _____

1. Reasons for the application and anticipated length of stay in moveable dwelling

2. Details of the land

Lot: _____ Street number: _____

Street: _____

Location: _____

Zoning: _____

3. Details of the moveable dwelling to be used ie size; type; number of beds

4. The number of person to reside in the temporary accommodation: _____

5. Details of approved effluent disposal system

6. Ablution facilities are to consist of:

Toilet Wash Trough Shower Kitchen sink

7. Provide a sketch showing the following where:

- The temporary accommodation is to be located
- The proximity to houses on adjoining land
- Effluent disposal system to be used
- Location of ablution facilities

8. If the temporary accommodation is to be used in conjunction with the construction of a residence or building on the land, the following details is required:

- Copy of a building permit for the construction
- Schedule of work for construction
- Written authority of the owner of the land if not the applicant

RETURN TO SHIRE OF KULIN OFFICE FOR ASSESSMENT BY COUNCIL'S ENVIRONMENTAL HEALTH OFFICER