

SEA CONTAINER PLACEMENT PERMIT



TOWN of
EAST FREMANTLE

APPLICANT DETAILS

Name:			
Address:			
Contact Number:		Mobile:	
Email:			

DETAILS OF SEA CONTAINER

Name of owner/company:			
Contact Number:			
Purpose:			
Location:	<input type="checkbox"/> Road <input type="checkbox"/> Verge		
Size:		Length/m ³ (cubic meters)	
Date for proposed placement:		to	Maximum 7 days

PERMIT FEES AND CONDITIONS

- Permit fee as per schedule of fees and charges
- Permits are valid for 7 days.
- Footpath is to be kept clear at all times.
- Carriageway and verge area to be cleaned of all debris upon removal of the sea container.
- Where the sea container is to be positioned on a carriageway:
 - It is to be as close to the kerb as possible ensuring outer side does not project outside solid white line delineating parking area from roadway travel lane.
 - Warning cones at each external corner of the sea container.
 - A vehicle is to be parked behind the container at night to allow vehicle's rear reflectors to warn of the hazard on carriageway or install a flashing hazard light or reflectors on each corner of the skip bin.
 - You are responsible for the cost of all repairs to the carriageway that may be caused by the placement of the sea container on the carriageway.
- Sea containers are not to be placed within one (1) meter of fire hydrant or hydrant asphalt markings on carriageway.
- Sea containers are not to be placed in loading bay.

Please note this is not an exhaustive list of conditions. Each application will be assessed on a case-by-case basis and other conditions may be required. Payment will only be deducted from Credit Card if sea container permit is approved.

DECLARATION

The Town of East Fremantle accepts no liability for any damages within the road reserve by approval of this sea container permit.

Signature:

Date:

PAYMENT DETAILS - PERMIT FEE

Cash	Payments can be made at the Town Hall, 135 Canning Highway, East Fremantle				
Credit card	Please provide your credit card details below or leave blank and the Town will contact you for payment				
Credit Card Type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Amex <input type="checkbox"/>	Name on Card:	
Credit Card Number:		/		/	
Expiry Date:	/		CSV:		