APPLICATION FORM SKIP BIN PERMIT



CVV:

An application form must be submitted to Ranger Services no later than 7 days prior to the placement of the skip bin on public property

APPLICANT DETAILS											
Name:											
Company:											
Postal Address:											
Contact Number:				Мо	bile:						
Email:											
PERMIT INFORMATION											
Address											
Location:	□ Road □ Verge										
Size:	ı	m³ (cubic r	meters)								
Delivery Date:			Col	llect	ion Dat	te:					
DECLARATION											
Signature:					Da	te:					
PERMIT FEES AND CONDITIONS											
 Permit fee are as per the Town of East Fremantle's Schedule of Fees and Charges. Permits are valid for up to a maximum of 1 month Extensions of 14 days maximum will only be considered if the application is received prior to the expiry of the existing permit. Fees are as per the Town of East Fremantle's Schedule of Fees and Charges. Footpath is to be kept clear at all times. Right of way and line of sight to neighbouring properties is to be kept clear at all times. Carriageway and verge area to be cleaned of all debris upon removal of the skip bin. Where the skip bin 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 skip bin. A vehicle is to be parked behind the bin 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 skip bin on the carriageway. Skip bins are not to be placed within one (1) meter of fire hydrant or hydrant asphalt markings on carriageway. Skip bins are not to be placed in loading bay. 											
may be required. Payment will only be deducted from Credit Card if skip bin permit is approved. PAYMENT DETAILS – Please provide your credit card details below or leave blank and the Town will contact you											
for payment											
Credit Card Type		Visa □	Masterca	rd 🗆]	Name	on Card	:			
Credit Card Number:				1			1		1		

Card Holders Signature:

Expiry Date: