

**APPLICATION FOR LOCAL LAW  
PERMIT**  
Clause 12  
**Skip Bin Containers**



PO Box 177, Euroa VIC 3666  
Ph: 5795 0000  
Toll free: 1800 065 993  
Fax: 5795 3550  
www.strathbogie.vic.gov.au

Please fill in and submit this application form to place a Skip Bin on council land. Once you submit this form, a Council Officer will contact you to discuss the relevant permit requirements.

<b>Contact details</b>		
Given name:		Surname:
Organisation name:		ABN:
Postal address:		
Mobile number:		Other contact number:
Email:		
<b>Address Skip Bin is servicing</b>		
Street address:		
Town/suburb:		State: Postcode:
<b>Proposed site of Skip Bin</b>		
<input type="checkbox"/> On Roadway		<input type="checkbox"/> In Rear of Way
<input type="checkbox"/> On Nature Strip		<input type="checkbox"/> Other
<b>Skip Bin details</b>		
Size (Cubic Metres):		Number of bins proposed:
Placement Date:		Collection Date:
<b>Main type of waste being collected</b>		
<input type="checkbox"/> Household Renovation		<input type="checkbox"/> Building Construction
<input type="checkbox"/> Household Garden Waste		<input type="checkbox"/> Commercial
<input type="checkbox"/> Household Other		<input type="checkbox"/> Industrial
<b>Fees for Skip Bin Placement</b>		
Effective from 01/07/2022 (subject to change each financial year)		
1 – 7 Day Period		- \$83
7 – 14 Day Period		- \$83
15 Days + (max 6 months)		- \$250

<b>Contractor Details</b>	
Name:	Telephone:
Email:	
<p>Please provide a copy of the contractors Public Liability Insurance Certificate of Currency with this application. (Insured for \$20 million)</p> <p>Strathbogie Shire Council does not accept any responsibility for damages or injury to property, persons or third parties in granting this permit.</p>	
<b>Applicant Declaration and Signature</b>	
<p>I/We understand that Council at its discretion may release details contained in this application to adjoining landholders and, if issued, that this permit may become a public document.</p> <p>I/We declare that the information that I/we have supplied in this form, and any attachments to this form, are true and correct to the best of my/our knowledge.</p>	
Signature:	Date:
<b>Privacy statement</b>	
<p>The personal information requested in this form is being collected by Strathbogie Shire Council for the purpose of this application. We will not disclose your personal information without your consent, except where required to do so by law.</p> <p><input type="checkbox"/> If you do not wish for us to update our records with the information provided, please check this box.</p>	