

- STORAGE OF BUILDING MATERIALS AND/OR SKIP BIN ON A VERGE
- INSTALL GANTRY/HOARDING/SCAFFOLD/CRANE ON VERGE; OR
- EXCAVATE NEAR A STREET OR VERGE.

**PROPERTY ADDRESS FOR APPLICATION:**

|              |  |         |         |                 |  |
|--------------|--|---------|---------|-----------------|--|
| Property No: |  | Lot No: |         | Application No: |  |
| Street:      |  |         | Suburb: |                 |  |

**PROPERTY OWNER/S/ APPLICANT:**

|  |  |          |  |
|--|--|----------|--|
| First Name:                            |  | Surname: |  |
| Address:                               |  |          |  |
| Telephone:                             |  | Mobile:  |  |
| Email Address:                         |  | Fax No:  |  |
| Contact Person (if different to above) |  |          |  |

**PROPOSED START DATE.....PROPOSED FINISH DATE.....**

**MATERIALS ON VERGE: (sheds and toilets not permitted)**

Building Material  Bulk Refuse Bin  Other (please specify  Excavation near a street verge

Reason for application (Provide a sketch of the proposed area to be used for storage)

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**AREA OF THE VERGE WHICH IS TO BE ENCLOSED OR USED: \$5.50/m2 per month (Residential) \$5.50/m2 per week (Commercial)**

|             |               |       |        |         |        |
|-------------|---------------|-------|--------|---------|--------|
| Frontage:   | metres        | Width | metres | Height: | metres |
| TOTAL AREA: | square metres |       |        |         |        |

**Name:** (please print): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lodge of application:**

- In person, at the Customer Services, Town of Cambridge, 1 Bold Park Drive, Floreat WA 6014
- By mail, to Town of Cambridge, PO Box 15, Floreat WA 6014
- By fax or email, Fax (08) 9347 6000 or email: [mail@cambridge.wa.gov.au](mailto:mail@cambridge.wa.gov.au)

**Office Use only**

|                         |     |    |                                |  |
|-------------------------|-----|----|--------------------------------|--|
| Approved by Compliance: | Yes | No | Compliance Officer Name & Date |  |
| Fee:                    | \$  |    | Receipt No:                    |  |
| Accepting Officer:      |     |    | Date Recd:                     |  |