Application for registration of a camping ground



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Applicant details (Please prin	nt in CAPITALS)
Title: Mr Mrs	Miss Ms
First names	
Surname	
Postal address	
Town	Postcode
0 - Home phone number	0 - 0 - Mobile phone number
Email	
Business details	
Street address of premises	
Name of manager	
Proposed opening date	Number of staff
Number of: Urinals	Male toilets Female toilets Unisex toilets
Accessible toilets	
Water supply: Reticulated (Council supply)	Please attach: Camp site plan (see Camping Ground Regulations 1985 for more information)
Ground water (bore)	Waste management plan
Roof water	
Signature	
Signature of applicant	Date / 2 0
Office use only	Receipt Date / / /
NAR •	Planning approval Building Approval Rating