

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 print in CAPITALS)

Title: Mr Mrs Miss Ms

First names

Surname

Postal address

Town Postcode

0 - _____ 0 - _____ 0 - _____
Home phone number Work phone number Mobile phone number

Email

Business details

Street address of premises

Name of manager

____/____/20____ _____
Proposed opening date Number of staff

Number of: Urinals Male toilets Female toilets Unisex toilets
 Accessible toilets Showers Wash basins

Water supply: Reticulated (Council supply) Ground water (bore) Roof water
Please attach: Camp site plan (see Camping Ground Regulations 1985 for more information) Waste management plan

Signature

Signature of applicant ____/____/20____
Date

Office use only

Receipt _____ Date _____
NAR _____ Planning approval Building Approval Rating