Application for Temporary Camping Ground Approval

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event Details** | | | | | | | | | | | |
| **Event Name** | | |  | | | | | | | | |
| **Event Date** | | |  | | | | | | | | |
| Application is hereby made for an approval under Section 68, Part F2 of the Local Government Act, 1993, in respect of the Camping Ground/Land known as: | | | | | | | | | | | |
| **Name of public reserve (if applicable)** | | |  | | | | | | | | |
| **Address of public reserve** | | |  | | | | | | | | |
| **Total sites applied for** | | |  | | | | | | | | |
| **Total number of people** | | |  | | | | | | | | |
| **Period: Occupy the site for period** | | | From |  | | | To | | |  | |
| **Event Description** | | |  | | | | | | | | |
| **Signature of Applicant/Company Seal** | | |  | | | | | | | | |
| **Date** | | |  | | | | | | | | |
| For Council use only | | | | | | | | | | | |
| Approval Fee |  | | Receipt No. | |  | | | | Date | |  |
| Approval Application No | |  | | | | File No. | |  | | | |
| ***Please complete Facilities information on the following page and attach a site map of grounds showing the location of camp sites.*** | | | | | | | | | | | |

**Number of facilities provided**

|  |  |  |
| --- | --- | --- |
| **BATHROOM FACILITIES** | | **FACILITIES FOR DISABLED PERSONS** |
| **Toilets** |  |  |
| Female |  |  |
| Male |  |  |
| Unisex |  |  |
| Urinals |  |  |
| **Showers** |  |  |
| Female |  |  |
| Male |  |  |
| Unisex |  |  |
| **Handbasins** |  |  |
| Female |  |  |
| Male |  |  |
| Unisex |  |  |