

Shire of Coolgardie

Application for Approval to Camp other than at a Caravan Park

NAME OF APPLICANT/S					
RESIDENTIAL ADDRESS					
PHONE (H) PHONE (W)			MOBILE		
EMAIL ADDRESS					
PROPERTY ADDRESS	DETAILS				
		Street			
Locality					
ZONING					
Residential	☐ Rural	☐ Park/Rec	reation	Other (please specify)	
If yes, when & how long was the APPLICATION DETAIL Will the applicant/s be employed.	S	☐ Yes	□ No	☐ Looking for work	
How long is the applicant requ	esting to stay?	FROM:		TO:	
How long is the applicant requestaying in:	esting to stay?	FROM: Caravan		TO:	
	caravan in relation to: ty roperty property s located on				

PO Box 138 Kambalda WA 6442

P: (08) 9080 2111

E: health@coolgardie.wa.gov.au



ADDITIONAL DETAILS

Sanitary Facilities	
Will sanitary facilities be provided for campers use?	
If yes, location and number of facilities:	
Are these facilities shared with anyone else?	
Are these new or existing facilities?	
Laundry Facilities	
Will laundry facilities be provided for campers use?	
If yes, location and number of facilities:	
Are these new or existing facilities?	
Waste Disposal	
How will waste water be disposed of?	
DECLARATION I / we declare that all details on this application form are true and correct.	
SIGNATURE	DATE
PROPERTY OWNER APPROVAL Owner can choose to sign this application form, or send a letter stating their approval. Application considered.	lications without owner approval will not be
Owner name:	
Owner signature:	Date:

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