

Office Use Only

Date: _____	Officer: _____	Permit Number: _____
Officers signature: _____	Permit Fee: _____	Area: _____

City Works



PERMIT APPLICATION

Return application to Adelaide City Council at minimum of two (2) business days before proposed works.

Please select the permit you are applying for by marking with an 'X'

Purchase Order Number (if applicable): _____

- | | |
|---|--|
| <input type="checkbox"/> Concrete Pump / Pour | <input type="checkbox"/> Fixed Scaffolding |
| <input type="checkbox"/> Crane – under 50 tonnes | <input type="checkbox"/> Road & Footpath Occupation |
| <input type="checkbox"/> Crane – over 50 tonnes | <input type="checkbox"/> Industrial Bins / Shipping Containers / Mini Skip |
| <input type="checkbox"/> Crane Truck / Elevated Work Platform | <input type="checkbox"/> Ladder |
| <input type="checkbox"/> Mobile Scaffolding | <input type="checkbox"/> Scissor Lift |
| <input type="checkbox"/> Hoarding (must include a hoarding plan with dimensions) | |
| <input type="checkbox"/> Trenching & Excavation (please complete the below information) | |

Adelaide City Council- Permits
 25 Pirie Street, Adelaide SA 5000
 GPO Box 2252 Adelaide SA 5001
 P: 08 8203 7203
 E: cityworks@adelaidecitycouncil.com
 W: www.adelaidecitycouncil.com

Trenching and Excavation Installation Details

Work for Utilities – Act : _____		Section : _____	
No. of Excavations/trenches : _____		Installation Use : _____	
Approx. Dimensions	Length : _____	Width : _____	Depth : _____
Pipe/Cable type : _____	Diameter : _____	If Cable – Colour(s) : _____	
Approx. Lineal Material : _____		Reinstatement Due to be completed by (date) : _____	

Applicant
Full Name: _____
Company name / Licence Holder: _____
Mailing Address: _____
Business Phone: _____
Mobile (contact for licence holder): _____
Email: _____
Name for Site Contact: _____
Mobile Number Site Contact (24hours): _____

Location Details
Exact Site Location (including property number): _____
Site Name (if applicable): _____
Start Date: _____ Finish Date: _____ Start Time: _____ Finish Time: _____
Details of Proposed Work (including equipment used)
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What you need to return with this application

- Public Liability Certificate of Currency for the amount of \$20 million **noting Adelaide City Council as an Interested Party.**
- Detailed Traffic Management Plan / Pedestrian Management Plan.

Other Supporting Information

- | | |
|---|---|
| <input type="checkbox"/> Copies of Consultation with ANY potentially affected businesses or residents | <input type="checkbox"/> SPOC Development (Y/N) |
| <input type="checkbox"/> Development Application Number – D/A# _____ | <input type="checkbox"/> Heritage Incentive Scheme Number – HS# _____ |
| <input type="checkbox"/> Adelaide City Council Works – Project Manager Name : _____ | <input type="checkbox"/> Contact # : _____ |

Additional information specific to each permit is required. Please read the attached helpful information pages or visit our website to find the City Works Guidelines Booklet

http://www.adelaidecitycouncil.com/assets/city_works_guidelines_booklet.pdf

I acknowledge that I have read and understood all the Terms and Conditions provided on the Adelaide City Council web site listed below and I agree to abide by them.
<http://www.adelaidecitycouncil.com/city-business/business-responsibilities/permits-licences-for-business/permits-terms-conditions/>

Full Name: _____ Position Title: _____
 Name of Organisation Company: _____
 Signature: _____ Date: _____