

Application to Install an Unregistrable Moveable Dwelling (UMD) or Rigid Annexe

Please use this form to notify Alpine Shire Council of the intent to install UMD, ridged Annex or deck attached to the UMD under Residentials Tenancies act 1997. Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards) Regulations 2020

CARAVAN PARK CONSENT

| *Caravan Park | | | |
|---|---------------------|-------------|--|
| | | | |
| *Address | | | |
| | | | |
| *Site Number | | | |
| | | | |
| Caravan Park Owner's Requirements (if applicable) | | | |
| 1) | | | |
| | | | |
| 2) Caravan Park Owner or Authorised Delegate Approval | | | |
| *Name | *Position | | |
| | | | |
| *Signature | *Date | *Date | |
| | | | |
| COUNCIL'S ADVICE WITH RESPECT TO: | | | |
| 1. Access space (i.e. siting) _Min 2.0m from all other structures Min 1.2m unobstructed fire fighter access | | | |
| 2. Is the Caravan Park in all areas subject to infestation by termites? Yes No | | | |
| 3. If applicable, has the Council given its approval to remove the wheels and axle from U.M.D.? Yes \Box No \Box | | | |
| 4. Is the site on flood prone land? Yes \square No \square | | | |
| SITE OWNER DETAILS | | | |
| Site owner details | OTTE OWNER DE FALLS | | |
| *Surname | *Given name | *Given name | |
| | | | |
| IF THE PROPRIETOR IS A COMPANY OR ASSOCIATION, SPECIFY NAME OF PERSON COMPLETING THE APPLICATION AND AUTHORITY (E.G. DIRECTORY OF COMPANY). | | | |
| *Phone Number *Email | | | |
| | | | |
| *Street address *Su | burb/town *State | *Postcode | |
| | | | |
| *Postal address As Above Sub | ourb/town State | Postcode | |
| | | | |
| *Signature | *Date | | |
| | | | |
| | | | |

| | rer or vendor at the time of purchase are to be attached to this | |
|--|--|--|
| Installation Advice | | |
| *Surname | *Given name | |
| | | |
| *ABN *Business name | | |
| | | |
| PLEASE PROVIDE AT LEAST ONE PHONE NUMBER. | | |
| *Business phone Mobile | | |
| | | |
| *Email | | |
| | | |
| *Street address | *Suburb/town *State *Postcode | |
| | | |
| | | |
| *Postal address As Above | *Suburb/town *State *Postcode | |
| | | |
| *Access space Min 2.0m from all other structu | ures Min 1.2m unobstructed fire fighter access Yes No | |
| | | |
| APPLICATE DECLARATION | | |
| *Applicant Details | | |
| Park owner/ Authorised Delegate S | Site Owner Installer | |
| I hereby certify that the above installation will be completed in accordance with; 1. The requirements of the Regulations 2020 2. The requirements of the park owner 3. The written approval from Council and all Planning and Building Permits (if applicable). I further certify that: 4. All plumbing and electrical work will be carried out in accordance with statutory requirements and a copy of the Plumbing and Electrical Certificates will be submitted with the installation certificate. * By marking this checkbox, I confirm that I have read and understood all the statements above *Name | | |
| | | |
| *Signature *Date | | |
| | | |
| | | |
| REQUIRED DOCUMENTS | | |
| Site Plan- must show location and separation distances of adjoining dwellings, if no dwelling must show site boundaries and scale must be provided | | |
| boundaries and scale mast be provided | | |
| LODGEMENT | | |
| You can lodge your form by doing the following: | | |
| In person: 2-6 Churchill Ave, Bright VIC 3741 | | |
| Post: Alpine Shire Council, PO Box 139, Bright VIC 3741 | | |
| Email: health@alpineshire.vic.gov.au | | |
| The information gathered in the form is used by Council to process the application. To view Council's privacy policy, | | |

please either visit Council's offices or go to Council Privacy statement located at: www.alpineshire.vic.gov.au.

INSTALLATION DETAILS