

Controlled Burn Application Form for Council-controlled Road Reserves

Privacy Notice: Mareeba Shire Council is collecting the personal information you supply on this form for the purpose of processing your application to carry out a controlled burn on a Council road reserve. Council is authorised to do this under the *Mareeba Shire Council Local Law No. 1 (Administration) 2011*, specifically *Subordinate Local Law No. 1.1 (Alteration or Improvement to Local Government Areas and Roads) 2011*. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.



Mareeba
SHIRE COUNCIL

This form is to be completed at least ten (10) working days prior to planning a controlled burn within a Council controlled road reserve. Once approved, an application is valid for two (2) months for private landholders and six (6) months for the Rural Fire Brigade from date of approval.

P: 1300 308 461 | E: info@msc.qld.gov.au | W: www.msc.qld.gov.au | PO Box 154 Mareeba QLD 4880 | Fax: 07 4092 3323

Applicant Details

Organisation name:

Contact name:

Postal address:

Preferred contact number:

Email:

Declaration

I have read and agree to abide by the Standard Conditions for Controlled Burning of Council Road Reserve and declare that the details in this form are correct to the best of my ability. I declare that I am authorised by the property owner/s to undertake controlled burning activities on the property and that only Council road reserves abutting that property will be burned.

Name:

Signature:

Date:

Site Details

Street address:

Lot on Plan:

MSC Property number:

Location and name/s of Council road reserves to be burned (attach a diagram or sketch if required):

Insurance Details *(if you choose to proceed without the presence of the Rural Fire Brigade you will need to obtain for the period of the burn, public liability cover of at least \$20 million with a reputable insurer, noting Council's interest and indemnifying Council for all manner of public liabilities associated with this matter)*

Name of insurer:

Policy number:

Policy limit:

Expiry date:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

Public Liability Insurance *(required if Rural Fire Brigade will not be present at the controlled burn).*

OFFICE USE ONLY

Approving officer:

Signature:

Approval date:

Special conditions: