## Application for Approval to use SMRC Footways for Commercial/Non Commercial Purposes



Name of Applica	nt								
Name of Business/Organis	sation								
ABN									
Address									
Telephone			Mobile				Fax		
Email			I	I					
Details of Utilisat	tion of l	Footway							
Outdoor Dining on a Public Footway (Local Government Act Section125)		Other (Local Government Act Section 68) (Roads Act Section 126)		Purpose (Please tick appropriate box)		iate box)	Period of Utilisation (Please tick appropriate box)		
☐ Flags etc ☐ Sign/Sandwich Board ☐ Barriers ☐ Flags etc ☐ Other		□ Street Sta □ Sign/Sand	<ul> <li>□ Street Stall</li> <li>□ Sign/Sandwich Board</li> <li>□ Flags etc.</li> </ul>		□ Non-Commercial		cial	☐ Daily ☐ Fixed Structure	
<b>Dimensions</b> (area of the boundary of the pro		y to be used - from Width (mm):				Length (mm):			
Location									
DA Approval	DA Approval Required: Yes: No: (If Yes) DA No:								
SEPP clause 2.40B – 1	Exempt &	& Complying Devel	opment Codes' is n	ot associ	ated with a p	ub or s	s <i>mall bar</i> t	herefore a DA is required.	
Please attach a sketch plan with adequate measurement to indicate distances from the curb and gutter and lateral measurement showing the length of the area									
Signed Permissio	n from	the Business O	wnerattached		□ Ye	es		o 🗆 N/A	
		Footway will not be at the stated location		cilreceive	s signed permis	ssion fr	om the busi	ness owner that they are willing to	
For Daily Approval-	Only in	clude dates of in	tended use						
Other Details									
Details of Public Lia (A Certificate of Curren			the application)						
Company									
Limit of Public Liab	ility Insu	<b>urance</b> (Must be n	ot less than \$20(twe	nty) millic	n)				
Policy Number				E	opiry Date :	1	/	/	
Note: The applicant's PLI shall name Snowy Monaro Regional Council as an interested party in respect of activities relating to the use of footways by the applicant.									
Details of Workers Compensation Insurance (WC) (Provide a Certificate of Currency which shows the business owner's workers compensation policy is up to date and covers the extended area)									
Company									
Policy Number				E	piry Date :		/	/	
250.2018.471.1		Issue Date: 17	7/08/2018	Revis	on Date: 17/0	8/2021		Page 1 of 2	

Applicant's Name	Signature	Date
(Please print)		

## Site Plan

ZONE 1 – 1000 mm (max) - This Zone is allocated for street furniture, lamp poles, awning posts, and stormwater drainage.

ZONE 2 – 1500 mm (min) - This Zone is a clear zone allocated for the movement of pedestrians and for buried utilities. It shall be left unobstructed.

**ZONE 3 – 2000 mm (max)** - This Zone is space available for businesses. **Note:** The space available for use by businesses may be less than 2.0 metres depending on total width of the footway.

## **Office Use Only**

File Number							
Administration Fee	\$						
Usage Fee per m <sup>2</sup>							
(daily/annually)	\$						
<b>Receipt Number</b>							
Date							
Public Liability Insurance		□Yes	□No				
Workers Compensation							
Insurance		□Yes	□No	□N/A			
Note: no approval shall be granted unless a copy of the PLI is attached to the application.							
Signed Permission from the		□Yes	□No				
business owner							
Note: no approval shall be granted unless signed permission from the business owner is attached to the							
application.							
Inspecting Officer's Comments							