



PO Box 614 Kununurra 6743
20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Application for Temporary Caravan Park and Camping Ground Licence

CARAVAN PARKS AND CAMPING GROUNDS ACT 1995, s7

CARAVAN PARKS AND CAMPING GROUNDS REGULATIONS 1997, r54

COUNCIL POLICY CP/HTH-3762 LICENSING OF TEMPORARY CARAVAN PARKS AND CAMPING GROUNDS

Facility Name or Proposed Name:

Applicant Details

Name				Email		
Postal Address						
Phone			A/H			Fax
Contact Person						
Signature					Date	

Property Details

Lot			House			Location		
Street				Suburb				
Nearest Intersection								
Assessment No.			Diagram / Plan No.			Folio No		
Certificate of Title Vol. No.								
Title Encumbrances (If any)								

Land Owner/s

1. Only necessary if applicant does not own the land referred to above.
2. Details to be provided in respect of each land owner

Name				Email		
Postal Address						
Phone			A/H			Fax
Contact Person						
Signature					Date	

Facility Details

Please specify the number of Sites the park is to be Licensed for:

Short Stay Sites: To be occupied consecutively by the one person or group or persons for no longer than 3 consecutive months

Camp Sites: Sites which may be occupied by those camping (includes camp in a vehicle but **not** a caravan)

Please specify the dates of operation for the temporary facility:

/ / to / /

Site Plan

Please attach a Site Plan to this application detailing the following:

(a) The location and type of sites on the facility	<input type="checkbox"/>
(b) The buildings (including numbers of toilets, hand basins, showers etc.)	<input type="checkbox"/>
(c) The roads and paths	<input type="checkbox"/>
(d) The drainage and wastewater disposal systems	<input type="checkbox"/>
(e) The location of fire hoses, fire hydrants and fire extinguishers	<input type="checkbox"/>

Policy Compliance:

Please provide the following information in accordance with Council Policy CP/HTH-3762:

(a) What is the need for the temporary facility?

(b) Who will the main users of the facility be?

Declaration:

I/We declare that all details in this form are true and correct.

Signature of applicant: Date: / /

Signature of applicant: Date: / /

OFFICE USE ONLY

Date Received	
Fees to be Paid	
Receipt No	
General Ledger Account	1070413
EHO Approved	

Document No:	
Officer	
Response	
File	PH.12.5
License Issued	