



PO Box 614 Kununurra 6743
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Koolama Street WYNDHAM

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8.00am - 4.00pm MON - FRI

Application for Grant or Renewal Caravan Park and Camping Ground Licence

CARAVAN PARKS AND CAMPING GROUNDS ACT 1995, s7.

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 | |

***Please attach either (a) or (b) to this application:**

- (a) The written approval of the owner of the land referred to in this form for the applicant/s to make this application
- (b) Proof that the applicant/s is/are the owner/s of that land

Facility Details

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

Long Stay Sites: To be occupied consecutively by the one person or group of persons for any period of time

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)

Overflow Sites: May only be used with the approval of the local government, for a period of time specified in that approval, and in accordance with any conditions placed on that approval

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"/> |

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 | |