

Loading zone application form (installation/removal/relocation)

Parking in Yarra

D17/30997



APPLICATION INFORMATION

Please complete all sections of this application form and return to the Yarra City Council.

You must provide your full name, residential address, contact number and email address for your application to be assessed.

For further information please visit www.yarracity.vic.gov.au/parking

APPLICANT DETAILS *Mandatory field. All applicable sections must be completed

First name*	Last name*
Business name*	ABN*
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	
Email*	
Please confirm that we can contact you via email* <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY DETAILS *Mandatory field. All applicable sections must be completed

QUESTION 1 Are you the property owner at this address?* Yes **GO TO QUESTION 4** No **GO TO QUESTION 2**

QUESTION 2 Are you renting the property?* Yes **GO TO QUESTION 4** No **GO TO QUESTION 3**

QUESTION 3 Other (please specify)

QUESTION 4 What is your preferred time and day you would like to be contacted?

What are your business operation hours?*

INSTALL A LOADING ZONE Applicable only for applications to install an loading zone.*Mandatory field

Site location/s
The site location is the same as the applicant's address* Yes No **PLEASE COMPLETE SECTION BELOW**

Street address	Suburb
Postcode	

IMPORTANT INFORMATION

If the application is successful you will be charged \$200 for installation.

Submitting this application is not a guarantee that we will automatically install a loading zone. We will review your application and will advise you of the outcome soon.

Please provide reasons to support your application (additional pages can be attached to this application)

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REQUEST TO REMOVE OR RELOCATE AN EXISTING LOADING ZONE Applicable only for existing loading zone

Please tick relevant option

- The loading zone is no longer required
- I notice that the loading zone has not been used therefore I request removal
- The location is not suitable
- Other (please specify)

OTHER INFORMATION TO SUPPORT YOUR APPLICATION Optional for all applications

Additional information. Photos can be attached to this application.

SUPPORT FOR THIS APPLICATION *Mandatory field. All applicable sections must be completed

Please provide the name, address and signature of two adjoining residents/businesses that support this application (one resident per one property).

SUPPORT 1

I support parking proposal of the applicant

First name*	Last name*
Business name (if applicable)	
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	Email*
Signature	Date

SUPPORT 2

I support parking proposal of the applicant

First name*	Last name*
Business name (if applicable)	
Street address*	Suburb*
State	Postcode*
Preferred contact telephone number*	Email*
Signature	Date

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DECLARATION *Mandatory field. All applicable sections must be completed

I acknowledge the information provided in this application form is correct and
(a) I am authorised to sign on behalf of the applicant organisation. (If not a Yarra resident)

Signature*

Print name*

Date*

CHECKLIST

- All relevant sections of this application form have been completed
- Form is signed
- I have provided two supporting references for this application
- I have provided my full name, contact telephone number and email address
- I have attached relevant documentation relating to my application