

# Central Highlands Regional Council

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Local Law No. 1  
(Administration)2012  
Shared Facility  
Accommodation  
-Schedule 17-  
Operation of Shared  
Facility  
Accommodation

## Application for Shared Facility Accommodation

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

**NOTE:** If use involves a change in use and/or alterations to the building, then building approval is required.

### Application is for:

- Application Fee \_\_\_\_\_
- Share Accommodation Facilities –  
e.g. Boarding house, guest house,  
service rooms (i.e. mining camps),  
hostels Fee \_\_\_\_\_
- Bed & Breakfast & Farm Stays Fee \_\_\_\_\_

### Applicant/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date  /  /

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

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Signature

Date  /  /

### Approved Representative Details (Person who resides on the property at all times)

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email \_\_\_\_\_

#### Privacy Statement

Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website.

## Business Details

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.

Trading Name	
Business Name	ABN <input type="text"/>
Street address	
Locality / Suburb	
State	Postcode

Enter postal address if different from street address.

Postal address	
Locality / Suburb	
State	Postcode
Contact ph. <input type="text"/>	Mobile <input type="text"/>
Contact fax <input type="text"/>	Email <input type="text"/>

Real property description – refer to Rates Notice.

Lot no.	Reg. plan no.	Parish
Name of landlord / manager (if other than applicant)		

## Owner/s consent

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.

Name	
Street address	
Locality / Suburb	
State	Postcode
Contact ph. <input type="text"/>	Mobile <input type="text"/>
Contact fax <input type="text"/>	Email <input type="text"/>

I, being the owner of the property described in this application hereby consent to the afore mentioned in the application for a licence to operate prescribed accommodation on this property.

Signature	Date <input type="text"/>
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## Supporting documents, information and/ materials required to complete this application

Please complete this checklist in full:

(Please tick the box or indicates N/A where the question is not applicable)

Example: Have you provided site plan for the premises?	<b>YES</b>
Site Plan	<b>YES</b>
Fire Safety Management Plan	<b>YES</b>
Is the Event on Town reticulation Water Supply? (i.e. If No, require a Drinking Water Quality Management Plan)	<b>YES</b>
	<b>No</b> (Provide further details – Bore, Rainwater, Water Carrier etc.)

## Details of shared facilities

Maximum no. of persons accommodated:	No of kitchens:
No. of bathrooms	No of dining rooms:
No of single bedrooms:	No of female toilets:
No of dorms:	No of hand wash basin:
No of double bedrooms:	No of male toilets and urinals:
No of Other bedrooms:	No of washing machines / No of Dryers
Other Facilities:	Pool: (Maintenance Records Available)
Fire Safety Management Plan:	Up to dates site plan:

## Lodgement

Please attach the following:

1. A plan of the accommodation including the proposed use of each room and the maximum number of persons to be accommodated in each bedroom.
2. A copy of your current certificate of compliance issued under the *Fire and Rescue Service Act 1990*.
3. A copy of the evacuation plan.
4. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

**Please note: This application and fee MUST be lodged with your Council.**

## Office use only

Application fee		Reg. no.	
Receipt code	507 acomod	ID no.	
GL Ledger No.	2100.0105.0086	Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	

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