

PO Box 21, Emerald Qld 4720 Email: <a href="mailto:enquiries@chrc.qld.gov.au">enquiries@chrc.qld.gov.au</a>

## **APPLICATION FOR TEMPORARY ROAD CLOSURE (SHORT TERM)**

Part 2 Subordinate Local Law No. 1 (Administration) 2012

APPLICANT DETAIL	LS
Applicant Name:	
Contact Person:	
Contact Numbers:	W. M.
Postal Address:	
Email Address:	
4.0TIV/TV/ DETAIL 0	
ACTIVITY DETAILS	
Times and date/s :	Start Time: am/pm End Time: am/pm Start Date:// End Date://
Description of activit	
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•	event administered by a registered not for profit or similar organisation?  Yes / No  Customer Service - If yes, do not process payment of the lodgement fees at this stage.
	r-for-profit applicant seek in-kind support for waiver of the application fee, preparation of a traffic assistance with road signage requirements?  Yes / No *
If Yes: Has an appli	cation been lodged through council's Smarty Grant portal? Yes / No
	nat an approval will include a condition for the applicant to provide council with a site-specific traffic nd traffic guidance scheme.
LOCATION DETAIL	S - <u>Please complete applicable details:</u>
	e closed. If there is no adjacent specified road name or address, please provide Lot and Plan t room, please attach a list of the road names.
	ase attach a map showing the defined closure parameters, to ensure traffic management plans ce schemes are correctly aligned to the temporary closure.
PAYMENT DETAILS	S:
	mpleted application to <a href="mailto:enquiries@chrc.qld.gov.au">enquiries@chrc.qld.gov.au</a> Attention Corridor Management. Payment is to
be made:  • in person at	any council customer service centre; or
telephone 13	300 242 686 to arrange payment; or
<ul> <li>direct depos payment).</li> </ul>	it to council's bank account (number, amount and reference to be supplied by council prior to
SIGNING by applica	nt/ authorised officer
Name:	Date:
Applicant's Signature	
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