

Road Reserve (fence to fence)

Alice Springs (Control of Public Places) By-Laws

APPLICANT DETAILS:

Name of Applicant _____

(or Authority Requesting Service eg PowerWater, TELSTRA, etc)

Postal Address _____

Phone: _____ (H) _____ (W) _____ (Fax)

Name of Contractor (if applicable) _____

Address of Contractor _____

Phone: _____ (H) _____ (W) _____ (Fax)

ACTIVITY DETAILS:

Dates: _____ to: _____ Time _____ to _____

- Vehicle Crossover (driveway) *Attachment A & B*
 Storwater Discharge *Attachment A & C*
 Footpath / Landscaping *Attachment C*
 Kerb & Gutter Crossing *Attachment A & B*
 Other - (give details) _____

Details of proposed work _____

Location of proposed work _____

I/We agree to be bound by the conditions determined by the Council or its delegate.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Approval is granted for the purpose and times specified above.

Subject to permit fee, please refer to the ASTC fees and charges. Receipt No. _____

Date _____

Pick up Post

Council Delegate _____ Date _____

Cnr Todd Street and Gregory Terrace

PO Box 1071 Alice Springs NT 0871

Tel: (08) 89 500 500 • Fax: (08) 89 530 558

Email: astc@astc.nt.gov.au • Web: www.alicesprings.nt.gov.au



Permit Application

Position of Council Delegate _____

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