



Application Form Gate & Grid

Postal Address

LMB 7
Inglewood QLD 4387

Engineering Services

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Internet/Email

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Applicants shall make themselves familiar with Council's Cost Recovery Fees & Commercial Charges; and Gates & Grids Policy which are available by contacting Goondiwindi Regional Council or on Council's website at www.grc.qld.gov.au

This application is for (please indicate):

- Gate Permit
- Gate & Grid Permit
- Renewal of Existing Permit Number

Applicants Details:

Company Name (if applicable):

Mr Mrs Ms Miss

Given Name/s: Surname:

Postal address:

Email: Contact Number:

Location Details:

Rural Address Number: Road Name:

Property Name: Lot: Plan:

Nearest Intersection: Distance from Intersection:

Purpose for Grid:

Particulars of Work:

	Grid	Gate
Existing or New:	<input type="text"/>	<input type="text"/>
Construction Material:	<input type="text"/>	<input type="text"/>
Name of Supplier:	<input type="text"/>	<input type="text"/>
Total Length:	<input type="text"/>	<input type="text"/>
Total Width:	<input type="text"/>	<input type="text"/>
No. of Spans/Gates:	<input type="text"/>	<input type="text"/>
Design Standard:	<input type="text"/>	<input type="text"/>
Road Approach:	<input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed	<input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed
Cross Drainage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Grid Owner Declaration:

I hereby declare that I have read and understand the requirements of Council's Gates & Grids Policy and Local Law (Gates & Grids).

Signature: Date: