

Please return this completed form to:

Public Health Services Department 45 Splatt Street, Swan Hill VIC 3585 68-72 Herbert Street, Robinvale VIC 3549 PO Box 488, Swan Hill VIC 3585 | DX 30166 Tel: 03 5036 2333 | Fax: 03 5036 2340 Email: health@swanhill.vic.gov.au

Caravan Park

Application for registration of a caravan park — Residential Tenancies Act 1997 Schedule 1 – form 1, Regulation 11, Residential Tenancies (Caravan Parks and Moveable Dwellings Registration and Standards) Regulations 2010

I/we the undersigned hereby apply to register the caravan park hereunder described and depicted in the plan lodged with Council, for the period up to 31 December 2023

PROPRIETOR / LICENCEE DE	TAILS			
Name of caravan park				
Address of caravan park				
Name of proprietor (company/partnership/individual)				
Postal address (used for all correspondence)				
Proprietor contact details	Phone:		Mobile:	
	Email:		1	
BUSINESS DETAILS				
Contact person at caravan park (If not proprietor)				
Contact person postal address				
Contact person details	Phone:		Mobile:	
	Email:			
Number of Long term sites: Number of Short term sites:				
Number of Camp sites:				
Documents that are required to have been included:	be included with	this application,	under re	gulation 11 /regulation 12
A site plan of the caravan park a	as specified in reg	ulation 11 (2) (b) /	regulation	12 (2) (b)
The caravan park Emergency M			a site pla	ın)
The most recent report from the	relevant fire author	ority		
Signature of proprietor:		Print name:		Date:

Registration checklist					
A site plan of the caravan park as specified in regulation 11 (2) (b) / regulation 12 (2) (b)					
The caravan park Emergency Management Plan					
The most recent report from the relevant fire authority					
All parties have signed form					
Fee for application submitted					
Other Council department consid	derations				
 Planning Department consulted – Permits (Use of property, signage on building) Building Department – Permits (significant building works) 					
OFFICE USE (AUTH: New Registration #122)					
Fee payable:\$	Registration No.:				
Receipt No:	Date paid:	Amount paid:			
Conditions of registration:					