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| Application for a  Community Local Law Permit |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – mrsc.vic.gov.au | |

**Placement of a Temporary Shipping Container (Private Land) $184**

Select your permit type from the list below. For more information, refer to the relevant to the [Community Local Law 2023](https://www.mrsc.vic.gov.au/About-Council/Our-Council/How-Council-Works/Local-Laws) Part 3 (36).

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| **Permit Type** | | | | | | |  |
| Is your property in one of the following Zones: | | | | | | |  |
|  | Residential Zone | | | | | |  |
|  | Rural Living Zone | | | | | |  |
| Red Stop Symbol and Text Warning Traffic Sign Template ... | | If your property in not located in a zone listed above, contact the Planning Department or visit the “[Do I need a permit?](https://www.mrsc.vic.gov.au/Build-Plan/Build-Renovate-Extend/Do-I-Need-A-Permit)” section on Council’s website. | | | | | |
| **Size of Shipping Container/s** | | | | | | |  |
|  | 10ft container (storage pod) | |  | 20ft container |  | 40ft container | |
| **Note**: Permits may be granted for varying durations, such as up to 6 months or up to 12 months. The permit length will depend on the intended use of the shipping container. | | | | | | | |

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| **Applicant Details** | | | | | | |
| Full name: |  | | | | | |
| Address: |  | | | | | |
| Email: |  | | | Mobile: | |  |
| Preferred Method of Contact | |  | Email |  | Post | |

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| **Property Owner Details (if different from applicant)** | | | |
| Full name: |  | | |
| Address: |  | | |
| Email: |  | Mobile: |  |

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| **Company delivering container** | | | |
| Full name: |  | | |
| Address: |  | | |
| Email: |  | Mobile: |  |

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| **Description of Proposed Activity** | | | | | | | | |
| Location / address of proposed activity: | | | |  | | | | |
| Property Number: |  | | | | | | | |
| The Property Number is a 7-digit number which you can search for at [macedonranges.pozi.com](https://macedonranges.pozi.com/#/x[144.62000]/y[-37.34038]/z[10]/) | | | | | | | | |
| Date of activity | | | From: | |  | To: |  | |
| Time of activity (if applicable) | | | From: | |  | To: |  | |
| I wish to be able to: | | | | | | | |
| Applicant Signature: | |  | | | | | |
| Owner Signature:  (if applicable) | |  | | | | | |

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| **Prepare your supporting documentation** |
| **Required Documents:**   * Aerial Map – Show proposed location, including setbacks from front and side boundaries. * Property Owner Consent – If you are not the owner, written consent is required.   **Other Requirements:**   * Easements – Containers **cannot** be placed over an easement unless approved by the responsible authority. * Visual Impact – In rural areas, containers may need to be positioned to reduce visibility from roads or neighbouring properties. **Screening with vegetation** or other methods may be required, especially if visible from public spaces.   The information needed for each application may vary. Council staff may involve multiple departments to assess your request. If unsure about the required documents, contact the Local Laws unit **before** submitting your application. |

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| **Submit your application** |
| * **In person:** present your application, supporting documents and payment at one of our customer service centres in Gisborne, Kyneton, Romsey or Woodend. * **By phone:** call our customer service team on (03) 5422 0333 to pay the application fee over the phone, and then: * email your completed application form and supporting documents to [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au), or * post to Macedon Ranges Shire Council, PO Box 151, Kyneton VIC 3444. |

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| **Privacy** |
| Macedon Ranges Shire Council will only collect information from you with your knowledge and consent. Council will use personal information provided by you for the purposes for which it was collected. Personal information you provide to Council is protected by the Privacy and Data Protection Act 2014. Council will not disclose your personal information to a third party unless required by law. |

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| **Office use only** | | | | | |
| Receipt No: |  | Date: |  | Amount $: |  |