

WORKS APPLICATION

LESSEE/PROPONENT DETAILS

Site No.

Name:
 Address:
 Project Manager: Phone:

WORKS CONTRACTOR

Name:
 Address:
 Contact Name: Phone:

DESCRIPTION OF WORKS

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DOCUMENTS TO BE INCLUDED WITH APPLICATION

Submitted YES NO

- Job Safety Analysis / Job Hazard Analysis.....
- Scope of Works.....
- Contractors Insurance and Professional Indemnity Details
- Works Environmental Management Plan (WEMP)
- Safe Work Method Statement
- Works Fee (\$250)

Anticipated Commencement Date:
 Anticipated Completion Date:

I/We undertake that all works will be carried out by duly qualified and registered persons in accordance with the documents, specifications and conditions as approved.

SIGNED: DATE: