

## **WORKS APPLICATION**

LESSEE/PROPONEN	NT DETAILS Site	Site No		
Name:				
Address:				
Project Manager:	Phone:			
WORKS CONTRACT	OR			
Name:				
Address:				
Contact Name:	Phone:			
DESCRIPTION OF W	ORKS			
DOCUMENTS TO BE	Submitted 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 (\$500)				
Anticipated Commend	cement Date:			
Anticipated Completic	n Date:			
	Il works will be carried out by duly qualified and registered locuments, specifications and conditions as approved.	d persons	s in	
SIGNED:	DATE:			