Application for Use of Parks or Open Spaces Form CSG-002 Whanganui District Bylaw 1995 Part 20 Public Places, Parks and Reserves



Application detail	ils
Park/Open Space Applying to	o use:
Name of Event:	
Applicant(s) Name:	
Postal address:	
Contact details:	
	Name Phone (wk) Phone (a/h)
Additional Contact details:	
	Name Phone (wk) Phone (a/h)
Email:	
	The License for use of Open Space will be emailed, unless otherwise specified
Public Place/Par	k/Reserve
Please tick where applicable	
Virginia Lake	Moon Gates
	Winter Gardens Swan Bridge Twin Bridges
	Punch Bowl Other please specify
Bason Reserve	Barbeque Lawn House Garden Roadside Area
	Millennium Hill Top Lawn Other
	The Gardens are open to the public from 8.00am till dusk, please select an area that will not prevent public access e.g. to the conservatories etc.
Glen Logie	Rose Gardens
- C. C	Other location
	Other location
Kowhai Park	Play Ground
	Other location
Other	Provide details
River Activities	Provide Details
River Activities	
Dataila	Has the Iwi given permission for River Activity?
Details Please tick where applicable	
Event Start Date	Event Start Time Private or Public
Event Start Date	Event Start Time Private or Public
Event End Date	Event End Time
Maximum number of Participants (approx.)	Depending on the activities undertaken and/or numbers attending during your event, you may require a safety risk management
,	plan. Refer to the next page for details.

Details continued									
Please tick where applicable									
Is alcohol to be on site?*	\bigcirc	Yes	\bigcirc	No			may be requi quor Licensin		
Is food to be on site?*	\bigcirc	Yes	\bigcirc	No	Is food for sa	ale?	Yes	\bigcirc	No
	If Ye	s, a food	licence ma	y be re	equired—Allow 7 v	working day:	s (See Enviro	nmental He	alth Officer)
	Prov	ide cont	act details	of foo	od provider:				
Is a tent/marquee or other temporary structure to be erected on site?*	\bigcirc	Yes	\bigcirc	No	What size?				
If temporary marquee/structure is over may take 20 working days to obtain. So complete the Health & Safety Hazard Po	upply re	ference r				[Ref:		
Apply to stay overnight*	\bigcirc	Yes	\bigcirc	No	Details:				
Use of toilet facilities*	\bigcirc	Yes	\bigcirc	No	Details:				
Vehicular access to site*	\bigcirc	Yes	\bigcirc	No	Details:				
Animals to be part of use*	\bigcirc	Yes		No	Details:				
Services to be used*	\bigcirc	Yes	\bigcirc	No	Details:				
l	(e.a. no	ower etc	. please no	ote no	wer is not availal	hle at every	/ site)		
* May not always be permitted o			, produce me	, o		o.o at o.o.,	5.00)		
Will the road/footpath be used? Traffic issues?	\bigcirc	Yes	\bigcirc	No	Details:				
If yes, traffic management plan mayı	be reau	ired							
Possible noise issues (band,	_								
stereo e.g.)?	\bigcirc	Yes	\bigcirc	No	Details:				
Will any Land-borne inflatable devices be used? (LBI)	\bigcirc	Yes		No					
If yes, complete the RAMS form incl	uded as	s part of	your appli	cation					
Will any Amusement devices be used	?	Yes		No					
If yes, complete the RAMS form inclu required (please contact Regulatory a					WorkSafe Registi	ration with	this applicat	ion as a po	ermit is
Will pyrotechnics be used?		Yes		No	Details:				
If yes, FENZ will also need to be noting	fied on	06 3480	103						
Are Drones being used? (remotely Pilot Aircraft system)		Yes		No					
If yes, refer to WDC guidelines and s	submit a	a separa	te applicat	ion foi	rm; please conta	ct CAA or F	arks Group	for further	information.
Qualified First aiders on site?	\bigcirc	Yes		No	Details:				
Are there any H & S issues?	f yes, (complete	the RAMS	5 form	included as part	of your ap	plication		
Any special site preparation requested of Council?		Yes	0	No	Details:				
Proposed Clean up action?									
NOTE: A \$50.00 non-refundable a	L adminic	stration	fee is an	nlicah	ole This annlin	ation will	not he acco	ented with	out navment
Refundable bonds for damage an The licence for this booking will not under certain circumstances, a traffic be identified in the Health & Safety Forior to any licence being granted.	d/or k be issue c mana	eys may ed until A gement	y be appli ALL relevan plan maybo	icable nt infoi e requ	rmation requeste iired. Any activit	ed has been ties that red	n supplied. F guires additio	Please be a onal licence	dvised that es, they must

Form CSG-002, v8, March 2022

Additio	nal details:					
Name:						DATE:
Signature:						
Signature.	On con	nnletion	of this	form please	roturi	n to: parks@whanganui.govt.nz
	On con	прієпої	i oi tilis	TOTTI please i	returi	Tto. <u>parks@wnanganur.govc.nz</u>
OFFICE USE	ONLY					
Date received						Fee Paid: YES NO
Received by						(please circle whichever is applicable) Receipt no.:
	(print name)					
Date approved]	Approved: YES NO (please circle whichever is applicable)
Approved by]	Signed by:
	(print name)					(Approving Officers Signature)
Regulatory	y Licencing required?	\bigcirc	Yes		No	Date:
	Liquor?		Yes		No	Date:
	Liquor?	\bigcirc	103			
	Environmental Health?	\bigcirc	Yes	\bigcirc	No	Date:
	ricaiur:					
	Building Control?	\bigcirc	Yes	\bigcirc	No	Date:
		<u> </u>				
	Compliance? Amusement devices	\bigcirc	Yes	\bigcirc	No	Date:
	Road -TMP required?		Yes		No	Date:
	Parks & Property?	\bigcirc	Yes	\bigcirc	No	Date:
Health &	Safety Hazard Plan?	\bigcirc	Yes		No	Date:
				\bigcirc		

Whanganui District Council, 101 Guyton Street, PO Box 637, Whanganui 4540 Phone 06-3490001 Fax 06-349 0000 Email: yourcouncil@whanganui.govt.nz Web: www.whanganui.govt.nz