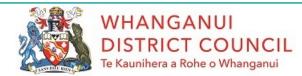
Application for Use of Parks or Open Spaces

Form CSG-002

Whanganui District Public Places Bylaw 2023 Part 11





Application details											
Name of Event:											
Applicant(s) Name:											
Postal address:											
* Email:											
Contact details:				7							
55.1445.		Name			Prefe	erred Phone Nu	ımber	Phone			
Alternative Contact person:											
		Name			Prefe	rred Phone Nu	mber	Phone			
*The permit for use of the Park or Open Space will be emailed											
Public Place/Park/Reserve											
Virginia Lake	\sim	er Gardens (h Bowl	Band Rotu Swan Brid		1		Twin Brid Waka	ges			
	\simeq	r please specify) Swall blic	igc		<u> </u>	waka				
Bason Reserve	Barbe	eque Lawn	House		len	\sim	Ring Road	Centre			
	\bigcirc	nnium Hill	Top Lav				Other				
		Gardens are open t ic access e.g. to the				n till dusk, pi	ease select	an area that will not prevent			
Glen Logie	Ro	se Gardens									
Kowhai Park	Pla	ay Ground									
	Otl	her location									
Springvale Park	Cir	cus Lawn									
	Fiel	d—provide site pla	in								
Other	Pro	ovide details									
Details											
Event Start Date		Event Start Time]	Priv	vate or Public			
Event End Date		Event End Time]					
			Depending	on th	ne act	ivities under	taken and/	or numbers attending during your			
Approximate number of attendees:								ement plan. Refer to the next page			
Is a tent/marquee or other te	emporary st	ructure 🖳 🔻		Nic		What size?	,	1			
to be erected on site?*	•	Yes	•	No							
						Ref					
If temporary marquee/structur applied for this already, please								ing days to obtain. If you have			

Details o	ontinued													
Is alcohol to be o	n site?	\bigcirc	Yes		\bigcirc	No		If Yes, a specia 20 working day						
Is food to be on s	ite?	\bigcirc	Yes		\bigcirc	No		Is food for sale	e? (\bigcirc	Yes	(\bigcirc	No
Provide	registered name of f	ood pro	vider	, or fo	od regi	strati	ion n	number:						
Do you require to	stay overnight	\bigcirc	Yes		\bigcirc	No								
Animals to be par	t of use	\bigcirc	Yes		\bigcirc	No								
Vehicular access t	o site	\bigcirc	Yes		\bigcirc	No								be submitted
Will you require t	ne road closed?	\bigcirc	Yes		\bigcirc	No		website for t						ease see our
Details:														
Possible noise iss	sues (band, stereo e.	g.)? (\bigcirc	Yes	\subset) N	lo	Details:						
Will any Land-bo be used? (LBI)	rne inflatable device	s (\bigcirc	Yes) N	Ю							
If yes, complete	the RAMS form as p	art of yc	our ap	oplicat	ion									
·	ent devices be used?		\bigcirc	Yes			Ю							
If yes, complete the RAMS form included and provide a copy of your WorkSafe Registration with this application as a Worksafe permit is required (please contact Regulatory as fees and conditions apply).—at least 20 days in advance														
Will pyrotechnics	be used?	1	\bigcirc	Yes			No							
	also need to be notif	ied on 0	6 34	80103										
Are Drones bein (remotely Pilot A	•	(\bigcirc	Yes			No							
If yes, refer to W	DC guidelines and su	ıbmit a s	separ	ate ap	plicatio	n foi	rm; į	please contact	CAA or	Parks	Group	for fur	ther	information.
Qualified First aid	ders on site?		\bigcirc	Yes	\subset)	No	Details:						
Are there any H 8	& S concerns?		\bigcirc	Yes)	No	Details:						
Proposed Clean u	ıp action?													
NOTE: A \$75.00 <u>non-refundable</u> administration fee is applicable. This application will not be accepted without payment. 01 0790 0157888 02 Please use event name and event date as reference														
Refundable bonds for damages and/or keys may be applicable.														
The permit for this booking will not be issued until ALL relevant information requested has been supplied. Please be advised that under certain circumstances, a traffic management plan maybe required. Any activities that require additional licences, they must be identified in the Health & Safety Hazard Plan included with this application. All documentation must be received and approved prior to any permit being granted.														
Please provide any additional relevant details:														
Name:				Sign	ature	:								Date:
On completion of this form please return to: yourcouncil@whanganui.govt.nz														
OFFICE USE ON	LY													
Date Received					Rec	eipt						Ir	nitials	5