**Application for Approval - Out of Hours Construction Work**

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| **Applicant Details** |
| Applicant:  Contractor Name:  ABN/ACN:  Business Address:  Phone/Mobile:  Email: |

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| **Details of Proposed Construction Works** |
| Works Reference Number (if applicable):  Proposed location of works:  Proposed scope of Works:  Proposed date/s:  Proposed hours:  Reason for out of hours works: |
| **Attachments** |
| The following information must be included with this application:  **Noise Management Plan** (inclusive of scaled sited plan, equipment & machinery used, predicted noise levels, noise control mitigation measures, copy of written Notice of Works with site contact details for affected residents.  Any other relevant documentation |

This application must be submitted **at least seven (7) days** before the works commence and upon receipt an invoice will be emailed to you, note additional information may be requested by the City of Melville.

Signature: Date:

**Please provide this signed and completed form along with the required documentation in email to** [**health.admin@melville.wa.gov.au**](mailto:health.admin@melville.wa.gov.au)