**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**