

Reg 13: Application for Approval of a Noise Management Plan



Environmental Protection (Noise) Regulations 1997

This Form is to be used for the purposes of obtaining approval of a noise management plan in order to undertake out of hours construction work.

Applicants Details			
Applicants Name:			
Name of Business:			
ABN/ACN:			
Postal Address:			
Suburb:		Post Code:	
Daytime Phone:	Mobile:	Fax:	
Email:			
Site Details			
Name of Premises/Site (if applicable):			
Address of Construction Site:			
Suburb:		Post Code:	
Dates:		Timings:	

Important Information - Documentation required to be submitted with this form:

Along with this application a Noise Management Plan is required to be submitted. This plan must detail information pertaining to the following;

- Dates and times of intended works
- Need for the work to be done out of hours
- Types of activity which could be noisy
- Types of equipment to be used (equipment should be the quietest reasonably available)
- Predictions of noise levels
- The control measures for noise and vibration to be implemented
- Procedures or activities for monitoring of noise and vibration
- Complaint response procedure to be adopted
- Method of providing notification to surrounding properties likely to be affected by noise

Legislation Requirements:

Environmental Protection (Noise) Regulations 1997 (available from the State Law Publisher at www.slp.wa.gov.au)

Lodging your Application:

In Person: City of Swan Administration Centre, 2 Midland Square, Midland
By Mail: PO Box 196, Midland WA 6936
By Email: swan@swan.wa.gov.au
By Fax: 9267 9444

NB: Application must be lodged at least 7 days before the commencement of after hours construction work.

Fees:

Payment of an application fee is required.
Application fee is

\$224.00

Date of Application: _____

Payment Options:

Pay in Person:

Pay via cash, EFTPOS, cheque, money order or credit card at the Cashier at City of Swan Administration Centre, 2 Midland Square, Midland between 8.00am and 4.30pm Monday to Friday.

Pay by Mail:

Send a cheque or money order payable to the City of Swan to PO Box 196 Midland WA 6936.

Pay by Credit Card:

For credit card payments not in person, please complete the "Credit Card Payment Form" below when returning this form.

Credit Card Payment Form			
Name as shown on Card	_____		
Card Holder Address	_____		
Type of Card	<input type="checkbox"/> Amex	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Signature	_____		
Amount \$	_____	Expiry Date	_____/____/_____
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Should you have any queries regarding any of the above, please do not hesitate to contact the City of Swan's Health Services on 9267 9153.