

# City Works Application



Office use only			
Date:	Officer:	Permit Number:	Area:
Officers signature:	Permit Fee:	Risk Rating:	Public Consultation: Y <input type="checkbox"/> N <input type="checkbox"/>
Is the proposed activity being undertaken by or on behalf of:			
Please tick Y <input type="checkbox"/> N <input type="checkbox"/>	An agency or instrumentality of the Crown? (e.g. a State Government Minister, Department or Agency) <i>Note: a reference to agent of the Crown extends to a contractor or other person who carries out functions on behalf of the Crown.</i>		
Y <input type="checkbox"/> N <input type="checkbox"/>	Essential Services/Utilities? If Yes, please specify relevant Act:		
Y <input type="checkbox"/> N <input type="checkbox"/>	The City of Adelaide? If Yes – CoA Project Manager:		
Application details		Location details	
Full Name:		Exact site location (including property number):	
Company Name:			
Mailing Address:		Site Name (if applicable):	
		Start Date:	Finish Date:
		Start Time:	Finish Time:
Business Phone:		Details of proposed work (including equipment to be used)	
Mobile:			
Email:			
Name for site contact:			
Mobile number for 24hr contact:			
Development Application #:			
Activity type – please tick			
<input type="checkbox"/> Concrete Pump/Pour	<input type="checkbox"/> Road and Footpath Occupation	<input type="checkbox"/> Mobile Scaffolding	
<input type="checkbox"/> Crane – under 50 tonnes	<input type="checkbox"/> Industrial Bin/Shipping Container/Mini Skip	<input type="checkbox"/> Fixed Scaffolding	
<input type="checkbox"/> Crane – over 50 tonnes	<input type="checkbox"/> Ladder	<input type="checkbox"/> Hoarding (must include a plan with dimensions)	
<input type="checkbox"/> Crane Truck/Elevated Work Platform	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Trenching and Excavation	
Exemptions under Section 19 Local Nuisance and Litter Control Act 2016			
If your work activity cannot be constrained within the allowable hours in accordance with the Local Nuisance and Litter Control Act, you must specify how you plan to mitigate noise outside these hours to reduce disruption to the local area:			
Who is responsible for the reinstatement of your work site?			
Name:	Company:	Contact number:	
Submitting your application – please ensure you include the following:			
<input type="checkbox"/> Public Liability Certificate of Currency for the amount of \$20 million noting City of Adelaide as an Interested Party.			
<input type="checkbox"/> Detailed Traffic Management Plan/Pedestrian Management Plan.			
<input type="checkbox"/> Copies of stakeholder notification with ANY potentially affected businesses or residents.			
<input type="checkbox"/> I am aware the CoA may be obligated to carry out Public Consultation on my application in accordance with Section 223(1) <i>Local Government Act 1999</i> and if so, the CoA will provide the City Works Application Form and Traffic Management plan for consultation at: <a href="https://yoursay.cityofadelaide.com.au/permitapplications">yoursay.cityofadelaide.com.au/permitapplications</a>			
Further information relating to each specific activity type can be found in the City Works Guidelines: <a href="https://cityofadelaide.com.au/assets/documents/city_works_guidelines_booklet.pdf">cityofadelaide.com.au/assets/documents/city_works_guidelines_booklet.pdf</a>			
Applications must be submitted a minimum of two (2) business days before the proposed commencement of works.			
Post: GPO Box 2252 Adelaide SA 5001 25 Pirie St Adelaide 5000	E: <a href="mailto:cityworks@cityofadelaide.com.au">cityworks@cityofadelaide.com.au</a>	P: 08 8203 7203	
By signing this form I acknowledge that I have read and understood the Terms and Conditions provided on the City of Adelaide web site and I agree to abide by them. <a href="https://cityofadelaide.com.au/city-business/business-responsibilities/permits-licences-for-business/permits-terms-conditions">cityofadelaide.com.au/city-business/business-responsibilities/permits-licences-for-business/permits-terms-conditions</a>			
Full Name:	Position Title:	Company Name:	
Signature:		Date:	