

Verge Treatment Application



Applicant's details

| | | |
|--|--------|-----|
| Name | | |
| Applicant's address | | |
| Telephone | Mobile | Fax |
| Owner's Name | | |
| Telephone | Mobile | Fax |
| Location/address of the proposed treatment | | |
| | | |

Contractor's details

| | | |
|----------------------|--------|-----|
| Name | | |
| Contractor's address | | |
| Telephone | Mobile | Fax |

Verge Treatment Application

| | | |
|------------------------|--------------------------|----------|
| Additional Street Tree | <input type="checkbox"/> | Details: |
| Lawns | <input type="checkbox"/> | Details: |
| Reticulation | <input type="checkbox"/> | Details: |
| Gardens | <input type="checkbox"/> | Details: |
| Other | <input type="checkbox"/> | Details: |

Contractor/ owner shall:

- Read the Town of Port Hedland Landscape Guidelines and Irrigation Specification
- Attach a plan or sketch showing location, type and design of treatment
- Contact Dial Before You Dig or utility service providers and locate services
- Design proposed treatment as per Town of Port Hedland Landscape Guidelines and Irrigation Specifications
- Phone Horticultural Technical Officer on 9158 9700 and arrange site inspection (24hrs notice required)

I accept the Terms and Conditions of Policy 10/003 for this Application and agree to abide by them once my request has been approved.

Owner's signature _____

Date _____

Email address _____

Once this form is completed and signed, please send the application to the below details:

Address: PO Box 41, Port Hedland WA 6721

Email: council@porthedland.wa.gov.au

Phone: (08) 9158 9300

Verge Treatment Application



OFFICE USE ONLY

| | | |
|----------------------------|---------|-------|
| Inspection date | Initial | Final |
| Officer Name | | |
| Officer's Signature / Date | | |