



Keeping of Additional Animals on Residential Land

OWNER DETAILS:		HOME PHONE:
GIVEN NAMES:		MOBILE PHONE:
SURNAME:		EMAIL:
STREET ADDRESS:		
SUBURB:		POSTCODE:
FROM WHAT DATE IS THIS PERMIT REQUIRED?	/	/
WHAT LOCATION IS THIS PERMIT REQUIRED FOR:		
STREET ADDRESS:		
SUBURB:		POSTCODE:

PLEASE NOTE AN INVOICE WILL BE GENERATED UPON RECEIPT OF THIS APPLICATION.

THE APPLICATION WILL NOT BE ASSESSED UNTIL PAYMENT OF THE APPLICATION FEE OF \$138.20 IS MADE.

WHAT TYPE OF ANIMALS YOU WISH TO KEEP?

<input type="checkbox"/> <input type="checkbox"/> DOG	<input type="checkbox"/> <input type="checkbox"/> CAT	<input type="checkbox"/> <input type="checkbox"/> OTHER (SPECIFY BELOW)
PLEASE SPECIFY: _____		

HOW MANY DO YOU WISH TO KEEP?

<input type="checkbox"/> <input type="checkbox"/> ONE	<input type="checkbox"/> <input type="checkbox"/> TWO	<input type="checkbox"/> <input type="checkbox"/> THREE	<input type="checkbox"/> <input type="checkbox"/> FOUR	<input type="checkbox"/> <input type="checkbox"/> FIVE	<input type="checkbox"/> <input type="checkbox"/> OTHER
PLEASE SPECIFY: _____					

HAVE REGISTRATION REQUIREMENTS (IF REQUIRED) BEEN COMPLETED?

<input type="checkbox"/> <input type="checkbox"/> YES	<input type="checkbox"/> <input type="checkbox"/> NO
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ARE YOU AWARE OF THE LOCAL LAW HOUSING REQUIREMENTS?

SEE MANNINGHAM COMMUNITY LOCAL LAW CLAUSE 58,59 & 60

<input type="checkbox"/> <input type="checkbox"/> YES	<input type="checkbox"/> <input type="checkbox"/> NO
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CAN YOU MEET THESE REQUIREMENTS?

<input type="checkbox"/> <input type="checkbox"/> YES	<input type="checkbox"/> <input type="checkbox"/> NO
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HAVE YOU DISCUSSED THIS APPLICATION WITH YOUR NEIGHBOURS?

<input type="checkbox"/> <input type="checkbox"/> YES	<input type="checkbox"/> <input type="checkbox"/> NO
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Comments: (if any)

ARE THERE ANY ASPECTS OF THIS ACTIVITY WHICH MAY IMPACT ON THE AMENITY AND SAFETY OF OTHERS?

ARE THERE ANY SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE COUNCIL TO CONSIDER IN PROCESSING THIS APPLICATION?

HAVE YOU EVER BEEN REFUSED AN APPLICATION TO KEEP ADDITIONAL ANIMALS ON YOUR LAND?

<input type="checkbox"/> <input type="checkbox"/> YES (PLEASE PROVIDE DETAILS BELOW)	<input type="checkbox"/> <input type="checkbox"/> NO

SIGNATURE OF APPLICANT

DATE: / /

Manningham Council is committed to full compliance with the Privacy and Data Protection Act 1982 (Vic) and the Health Records Act 2001 (Vic). The personal information being collected on this form by Council is for the purpose of Animal Registration or any other directly related purpose. The personal information will be disclosed to State Government in accordance with the Domestic Animals Act for the purpose of enforcement it will not be disclosed to any other external third party without your consent, unless required or authorised by law. Individuals may apply to Council for access to their information under the Freedom of Information Act 1982. Individuals may obtain a copy of Council's Privacy Policy from any Council office or view it on our website at: <http://www.manningham.vic.gov.au/privacy>

APPLICATION RECEIVED BY	
PRINT NAME: _____	SIGNED: _____
DATE: / /	CRM: _____