

# Mount Isa City Council

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Mount Isa QLD 4825

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Local Government  
Act 2009

Local Law 33  
(Roads)

## Transport of Buildings

### Application for Approval to Transport a Building

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply

#### Application is for:

Transport of Buildings Approval Fee \$555.00 Bond \$1705.00, Refundable when transported successfully and without incidents.

#### Applicant/s Details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family Name Given Names

Position

Title Mr  Mrs  Ms  Miss  Other (specify)

Family Name Given Names

Position

I / We the applicant/s for these approvals undertake:

- to inform other authorities which may be affected by the transport of the load;
- to make good to the satisfaction of Council any damage that may occur to public facilities for which the Council is responsible, caused as a result of the transport of the building; and that all information contained in this application is true and correct.

Signature Date  /  /

Signature Date  /  /

#### Contact Details

Business  Private

Contact Person

Postal Address

Locality / Suburb State  Postcode

Contact ph.    Mobile

Contact fax    Email \_\_\_\_\_

#### Business Details

Business name BN

Company name ACN / ARBN

Street Address

Locality / Suburb State  Postcode

Postal address

Locality / Suburb State  Postcode

Contact ph.    Mobile

Contact fax    Email \_\_\_\_\_

Lot no. Reg. Plan no. Parish

Select as Applicable

Business name must  
be registered with  
the Office of Fair  
Trading

Enter Postal address  
if different from  
street address

Real property  
description – refer to  
Rates Notice

Select as applicable.

### Building owner details

Family name		Given names	
<input type="checkbox"/> Business			<input type="checkbox"/> Private
Postal address			
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph. <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"/>		Mobile <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"/>	
Contact fax <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"/>		Email	

### Proposed transport details

Transport Company name			
Street Address			
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph. <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"/>		Mobile <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"/>	

### Starting Address

Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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### Delivery Address

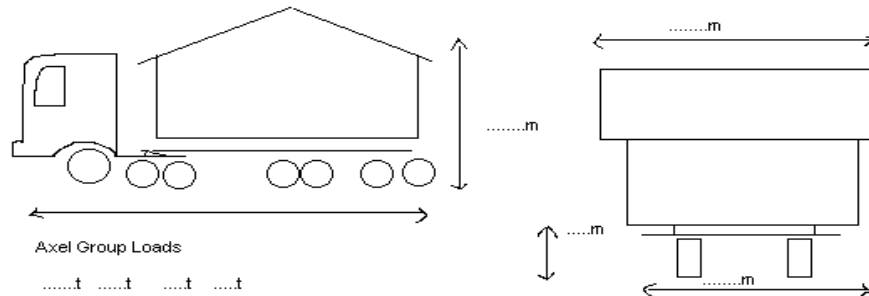
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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### Proposed Route

Date of transport <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Time <input type="text"/> am <input type="text"/> pm
Travel time on Council's roads		
Full description of vehicle		
		Reg. no.
Copy of proposed route attached? <input type="checkbox"/> Yes, Copy of proposed route attached.		

### Details of load

Please detail vehicle / load dimensions and axle group loads on diagram.



### Insurance

#### Public Liability Insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover (min \$5M) \$
Policy expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, which is \$5M, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'

**Motor Vehicle Insurance**

Name of insurance company

Name of insured

Policy no.

Amount of cover (*min TPPD*) \$

Policy expiry date

□□ / □□ / □□□□

**Professional Indemnity Insurance**

Name of insurance company

Name of insured

Policy no.

Amount of cover \$

Policy expiry date

□□ / □□ / □□□□

**Product Liability Insurance**

Name of insured

Policy no.

Amount of cover \$

Policy expiry date

□□ / □□ / □□□□

Copies of above insurance policies attached?

 Yes**Other details**

Do other structures exist at the delivery address?

 No Yes, Copy of proposed Site Plan attached.

Details of proposed and existing use of buildings and structures on site:

EXISTING BUILDINGS / STRUCTURES		NEW BUILDING / STRUCTURES	
Building Type	Existing / Proposed Use	Building Type	Existing / Proposed Use

*All transportable buildings, particularly built before 1990, must be tested for asbestos prior to move.*

Does the transportable building contain Asbestos that may be disturbed during the move?

 No, Provide copy of inspection report by qualified Asbestos testing professional/ laboratory Yes, A risk assessment must be prepared that will minimise any impact of asbestos discharge in the community and a copy of this report must be lodged with this application.**Disconnection of water service**

Do you wish to retain existing water meter and supply?

 No Yes

If No, water supply disconnection fee receipt no.

## Lodgement of Supporting documentation:

Please attach a copy of the following:

1. Written approval, if required, from Queensland Transport
2. Department of Main Roads approval (If transporting on a State controlled road)
3. Map of the proposed route
4. Written approval from Ergon Energy
5. A delivery address site plan to scale, (1:100) showing exact positioning/ location of existing & proposed building(s) on site
6. Asbestos Inspection report (if required)
7. Risk Assessment report (if required)
8. Copy of Building Permit to erect building on delivery site
9. Certificate of Currency in relation to insurance cover. The public liability must identify the Mount Isa City Council, in the prescribed form and manner, against all public liability claims arising from the transportation of this building
10. Approval from Queensland Police Services

Please note: This application and fee **MUST** be lodged with Council.

### PRIVACY STATEMENT

The information collected on this Form will be used by Mount Isa City Council in accordance with your correspondence. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009) or as required by the law. This information may be stored in the Council database. The information collected will be retained as required by the Public Records Act 2002.

### OFFICE USE ONLY

Application fee	<input type="text"/>	Bond fee	<input type="text"/>
Cashier	<input type="text"/>	Rec. no	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### Council Approvals Given to Transport a Building

#### Building Section

Conditions:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Name of officer	Title
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### Environmental Health Section

Does the building contain Asbestos?  No  Yes

Conditions:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Name of officer	Title
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Town Planning Section

Is MCU required?  No  Yes

Do boundary clearances comply?  No  Yes

Are there any existing easements?  No  Yes

**Conditions:**


Name of officer	Title
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Engineering Services – Insurance

Copies of insurance are sufficient & include MICC as interested party?  No  Yes

If no, What is missing?

Name of officer	Title
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Technical Services Section

**Conditions:**


Name of officer	Title
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Engineering Services - Obstructions

Is there obstruction of the proposed route by trees?  No  Yes

Parks work required?  No  Yes

Are there other Council obstructions on the proposed route?  No  Yes

If yes, nature of obstruction/s:

Private works order required  No  Yes

Name of officer	Title
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### Water and Sewerage Section

#### Disconnection of sewerage & Water

Sewer seal-off inspected prior to transport	<input type="checkbox"/> Yes	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water disconnected prior to transport	<input type="checkbox"/> Yes	

Name of officer	Title
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>


**Typist**

**Checklist for Approval:**

- 1. Check if the fee / deposit has been paid
- 2. Check each section to ensure no additional information is required
- 3. If outstanding or further information is required, prepare letter requesting information
- 4. If each section has approved application, type approval letter and include each section's conditions

Date approval letter posted:  /  /

File:  Int. ref:

Author Name:

**Checklist to refund bond:**

**Planning & Building Department**

Building transported successfully with no incidents  Yes  No

If no, what incidents occurred:

<input type="text"/>
<input type="text"/>

Agree Bond to be refunded  Yes  No

If no, why?

Name of officer

Title

Signature

Date  /  /

**Engineering Services**

Building transported successfully with no incidents  Yes  No

If no, what incidents occurred:

<input type="text"/>
<input type="text"/>

Agree Bond to be refunded  Yes  No

If no, why?

Name of officer

Title

Signature

Date  /  /

**Typist**

Bond to be returned?  Yes  No

Cheque No.

Typist Name

Date covering letter and cheque posted  /  /