



Application for Business Streetscape Funding

Form Title: **Application for Business Streetscape Funding**

Form No: 218-01

Please Use One Form For Each Proposed Project.

Please tick which area the intended work is to be performed:

- Biggenden Eidsvold Gayndah
 Monto Mount Perry Mundubbera

1. Applicants Name:
2. Business Name: ABN:
3. Physical Address:
4. Postal Address: Locality/Suburb State Postcode:
5. Work Phone: () Business Fax: ()
6. Home Phone: () Home Fax: ()
7. Mobile No.: E-mail:

8. Please Provide a Brief description of the Proposed Work:
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9. Please Provide a Detailed Budget of Costs:

10. Intended Start Date:
11. Intended Completion Date:
12. Overall Time Period:
13. Date/Time Council Can Inspect the Work: Time Council Can Inspect the Work:

14. Indicate Licenses and/or Permits Required:

Signature of NBRC Compliance Officer: _____ Date: _____

15. Special Instructions:

16. APPLICANTS AUTHORISATION:

I, _____(Applicants Name) have read NBRC General Policy 218 – Business Streetscape and agree to comply with all requirements of this agreement. I acknowledge that approval of Business Streetscape Funding does not exempt the applicant from building / town planning or any other permits required from Council and other regulatory bodies, which separate approval must be granted (if required) prior commencement of work. I agree to acknowledge received Business Streetscape Funding by placing a council provided appropriate suitable recognition on completed works. I understand that payment of approved funding will be made based on receipts presented to Council upon completion of the project. The payment amount will not exceed the initially budgeted & approved amount.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

17. COUNCIL DECISION: Approved: YES NO

Signature of CEO or Delegate: _____ Date: _____

Name of Signatory: _____

Date Applicant Notified of Decision: _____

18. Inspection of Work Details:

Date: _____ Work Completed in Compliance with Application (Yes/No): _____

If No please indicate necessary Work to be Completed: _____

Signature of Inspector: _____ Date: _____

Name of Inspector: _____

Date: _____ Work Completed in Compliance with Application (Yes/No): _____

If No please indicate necessary Work to be Completed: _____

Date: _____ Work Completed in Compliance with Application (Yes/No): _____

Signature of Inspector: _____ Date: _____

Name of Inspector: _____

19. Date funds paid to Applicant: _____ Cheque No: _____

20. Associated Documents:

- 1. General Policy 218 – Business Streetscape

Under the Information Privacy Act, the information that you have provided will be used for the purpose of assessing your application and will not be disclosed to any third parties without having your written or verbal authorisation, unless we are required to by law.