**KEEPING AND CONTROL OF ANIMALS**

**LOCAL LAW POLICY NO.2, SECTION 4**

**APPLICATION FOR PERMIT OR RENEWAL OF PERMIT TO KEEP THE FOLLOWING ANIMALS:**

1. Any animal except cat, dogs and poultry. (See Schedule “A” the conditions that apply for this issue of permit)

Pursuant to the Local Law No.2 (Keeping and Control of Animals) and Local Law Policy No.2 (Keeping and Control of Animals),

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| --- |
| **Applicant Details** |
| **Name:** |       |
| **Postal Address:** |       |
| **Residential Address:** |       |
| **Phone (W):** |       | **Phone (H):** |       |
| **Mobile:** |       | **Fax:** |       |
| **Email:** |       |
| **Preferred Contact Method:** | **[ ]  Phone [ ]  Mail [ ]  Email** |

Hereby apply for a Permit / Renewal of a Permit (strike out whichever is not applicable) to keep:

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| --- |
| **Animal Details** |
| **Type of Animal:** |       |
| **Number of Animals:** |       |
| **Address Where Animals are to be Kept:** |       |
| **Lot Number:** |       | **Registered Plan:** |       |
| **This application will not be considered unless the following are attached (this does not apply to permit renewals):**1. a plan of the land on which the animals are to be kept showing the location of stables, yards, enclosures ect. And all other buildings, structures and fences and the relationship to neighbouring buildings and structures;
2. plans and specifications of stables, yards, ect,;
3. proposd method to remove effluent waste;
4. written support of this application from all neighbouring property owners; and
5. remittance for the appropriate fee set out in Flinders Shire Councils fees and charges.
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| **Signature of Applicant** |  **Date:**       |
| **Privacy Collection Notice** | *Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.* |
| **Office Use Only** |
| **Fee Amount:** |       | **Receipt Number:** |       |
| **Receipted By:** |       | **Date Receipted:** |       |
| **Authorised By:** |  **Date:**       |