

Heavy Haulage Permit

Applicant Information

Company		Date	
Address			
Email		Phone	
Contact Person		Phone	

Haulage Information

Address	
Lot/Plan Number	
Destination	
Contractor (if applicable)	
Commencement Date	
Duration of Operation	
Estimated Tonnes	
Truck Configuration	

Description of Proposed Haul Routes and Present Status

Name of Road	Current Status	KM	Comments
TOTAL			

Please provide a map below or attach to application.

Works to be Undertaken Prior to Haulage			
Name of Road	Details		
Other Known Road Users			
Name	Interaction	Notify (Yes/No)	
Haulage Contractor (if applicable)			
Haulage Company			
Name of Contact			
Phone Number		Mobile Number	
Post Inspection Report			
Name of Road	Condition Now	Works Required	Responsibility
Post Sign Off			
Entity	Signature	Date	
Contractor			
Plantation Manager			
Shire of Boyup Brook			

Once completed please email to shire@boyupbrook.wa.gov.au or post to PO Box 2, Boyup Brook WA 6244 or deliver to Shire of Boyup Brook, 55 Abel Street, Boyup Brook WA 6244

Office Use Only			
Application	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Authorising Officer	
Date Received		Date of Decision	