**Community Organisations - Checklist for New Works**

(For Council Owned/Managed Land)

*This checklist* ***does not*** *constitute a Development Application, Operational Works Application or Building Works Application, which may be required in addition to Council’s consent. The main aim of this checklist is to inform Noosa Council of your intentions and to act as a trigger for further applications/approval, if required.*

This checklist is to be completed by Community Organisations who occupy a Noosa Council-owned or managed property under a tenure agreement with Noosa Council and are planning to undertake building or improvement works to the property.

Under the terms and conditions of a Council Tenure Agreement (e.g. lease, license or permit), the written consent of Noosa Council as landlord is required prior to the Tenure Holder undertaking any improvement works on the property.

This checklist is the formal process required to request the support of Council, as landlord, to proposed building works or improvements.

Assessment by Council will take a minimum of four (4) weeks (and may take longer depending on the nature of the property and/or works proposed). Please ensure all requested supporting documentation is included. Attach extra pages if there is insufficient space on the form.

ALL questions MUST be completed unless the form indicates otherwise.

For further information phone Council’s Community Development team on 5329 6500 or email commdev@noosa.qld.gov.au

**No works are to be undertaken until written permission via a signed Owner’s Consent form/letter is received from Noosa Council and all other permits, as required, have been obtained.**

ALL questions MUST be completed unless the form indicates otherwise.

|  |
| --- |
| **1. Details of organisation**  |
| Full legal/incorporated name:  |
| Incorporation/Australian Company Number: |
| Postal address: |
| Suburb:  | State:  | Postcode: |
| Accountable officer e.g. President, Secretary, Committee Member *(NB: All correspondence will be sent to this person)*Title:  |
| Job Title:  |
| Telephone: | Email:  |
| Contact person for this project (If the same as accountable office, put ‘as above’)Title: Full name:  |
| Job Title: |
| Telephone: | Email: |

|  |
| --- |
| **2. Location of the premises** |
| Unit No.: | Street No:  | Street: |
| Suburb:  | Postcode:  |
| Lot No.: | Plan No.:  |

|  |
| --- |
| **3. Is the site listed on the Queensland Heritage Register or as a *Local Heritage Place*, or within a *Character Area* as defined in the Noosa Plan 2020 Heritage Overlay Code?** |
| Please tick ✓ | * Yes
 | * No
 |
| If yes, have you consulted with Noosa Council’s Heritage Coordinator and obtained advice from a Heritage Coordinator) Please tick ✓ | * Yes
 | * No
 |
| If yes, please attach written advice of Heritage Coordinator and Heritage Architect |  |  |
| If no, please contact Noosa Council’s Heritage Coordinator at heritage@noosa.qld.gov.au |  |  |

|  |
| --- |
| **4. Details of the nature of the project** |
| **Electrical** * Lighting
* Electrical work
* Air Conditioning
* Solar Panels
* Other (please specify)
 | **Construction/Building Improvements*** Storage
* New building
* Extension to existing building
* Internal refurbishment e.g. new kitchen, floor covering replacement
* Canteen/Food storage
* Footings/Stumps/Retaining Walls
* Other (please specify)
 |
|  **Land, Grounds, Fields*** Fencing
* Filling/Earthworks
* Tree trimming
* Other (please specify)
 |  **Plumbing*** Plumbing
* Drainage
* Other (please specify)
 |
| Provide a brief description of the project *(e.g. replacing floor covering in kitchen, installing air conditioning in office)* |

|  |
| --- |
| **5. Details of project dates** |
| Estimated start date:  |
| Estimated completion date:  |

|  |
| --- |
| **6. If known, who will be the Principal Contractor for construction works?**  |
| Company Name:  |
| Contact Person:  |
| Job Title: |
| Contractor QBCC\* or Licence No.: |
| ABN No.: |
| Public Liability Insurance details:*Please attach Certificate of Currency* |
| Workers Compensation Insurance:*Please attach Certificate of Currency* |
| Postal address:  |
| Suburb:  | State:  | Postcode:  |
| Telephone : | Email: |

*\*Queensland Building and Construction Commission*

|  |
| --- |
| The Principal Contractor is responsible for ensuring that:* required and appropriate insurance coverage is in place for all workers (paid or voluntary), including sub-contractors, on site
* all workers (paid or voluntary), including sub-contractors, hold white cards
* all workers (paid or voluntary), including sub-contractors, on site have undertaken required inductions including the Noosa Council Contractor Induction
* the workplace is secured from unauthorised access, as per Work Health and Safety Regulation 2011 (s298), and
* the workplace is secured to minimise environmental harm by installation and maintenance of environmental controls such as, erosion and sediment controls and waste controls
* all work is undertaken in accordance with any conditions outlined by Council in granting permission to the community organisation for the improvement works

If you have not selected a contractor, Noosa Shire Council’s list of preferred contractors can be accessed at<https://www.noosa.qld.gov.au/vendorpanel-marketplace> |

|  |
| --- |
| **7. Will the project be undertaken inside the footprint of your tenure area?** |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |

|  |
| --- |
| **8. Will the project involve the removal of any part of the building’s structure (e.g. wall, floor footing, roofing rafter)?** |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |

|  |
| --- |
| **9. Will the project include alteration/upgrade to existing electricity connections?** |
| Please tick ✓ [ ]  Yes: Internal only [ ]  Yes: External only [ ]  Yes: Internal & External  |  [ ]  | No |

|  |
| --- |
| **10. Will the project include alteration to existing plumbing, fixtures or fittings?** |
| Please tick ✓ [ ]  Yes: Internal only [ ]  Yes: External only [ ]  Yes: Internal & External  |  [ ]  | No |

|  |
| --- |
| **11. Will the project involve vegetation removal or new vegetation?** |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |

|  |
| --- |
| **12. Does the site contain any known asbestos?**  |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |

|  |
| --- |
| **13. Will the work generate dust that may contain respirable crystalline silica (e.g. dry concrete cutting)?**  |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |

|  |
| --- |
| **14. Is the project related to the sale of food?**  |
| Please tick ✓ [ ]  Yes [ ]  No [ ]  Unsure *(Please seek advice from Council)* |  |  |
| If yes, please describe: |  |  |

|  |
| --- |
| **15. Have you received written quotes for the proposed project?** |
| Please tick ✓ [ ]  Yes *(Please attach)* [ ]  No  |  |  |

|  |
| --- |
| **16. How is your organisation funding this project?** |
| **Funding source:*** Project will be partly or fully funded by the community organisation
* Project will be partly or fully funded by grant(s) applied for by the community organisation

[ ]  Confirmed grant funding Grant name:\_ \_\_\_\_\_\_\_ [ ]  Applied/will apply (unconfirmed)[ ]  Funding request Closing date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  A letter of support is required* Sponsorship or donation
* Other (please specify)

**Total Available Funding** | **Amount:**$ $$ $$$**$** |
| If seeking external grant funding for the project, Council may issue a “Preliminary Owner’s Consent” for the purpose of submitting a grant funding application.  Once funding has been secured, the tenure holder must seek final written approval from Council prior to proceeding with the proposed works.  |

|  |
| --- |
| **17. Have you considered the ongoing costs (if any) as a result of the project? (e.g. annual servicing of air conditioning system, maintenance of toilet facility). Can your organisation afford these expenses? Please provide details below.** |
|  |  |  |

|  |
| --- |
| **18. Have you met with a Council Officer about this project?** |
| Please tick ✓ [ ]  Yes [ ]  No  |  |  |
| If yes, please specify:Officer’s Name:Date:  |  |  |

|  |
| --- |
| **7. Declaration of Community Organisation** |
| I/We, the named community organisation, declare the above information is correct in all respects, at the time of submission to Council. Should any of the details given in relation to this application be changed in the future, the applicant must advise Council in writing prior to any such change being implemented. |
| **Authorised by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of President/Authorised Person Signature of Secretary/Authorised Person**\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name of President/Authorised Person** **Name of Secretary/Authorised Person**(BLOCK LETTERS) (BLOCK LETTERS)**Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| PrivacyNoosa Council is collecting your information for the purpose of processing your application. The collection of this information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required by law. |

|  |
| --- |
| **OFFICE USE ONLY** |
| Is there a current tenure agreement in place? [ ]  Yes (If yes, outline below) [ ]  No |
| Does Council anticipate it will renew the tenure [ ]  Yes (If yes, outline below) [ ]  NoAgreement (if less than 3 years left)? |
| Does the tenure agreement permit the works? [ ]  Yes (If yes, outline below) [ ]  No |
| Does the proposed project require an amendment [ ]  Yes (If yes, outline below) [ ]  Noto the tenure agreement? |
| Is the site listed on the Queensland [ ]  NoRegister or involving Local Heritage Place or within a Character Area defined in theNoosa Plan 2020 Heritage Overlay?Has Noosa Council’s Heritage Coordinator recommended that advice be sought from a Heritage Architect required?  [ ]  Yes (if yes, outline below) [ ]  NoIf yes, has advice from a Heritage Architect been [ ]  Yes [ ]  Noobtained? |
| Is the checklist complete & include all attachments? [ ]  Yes (If yes, outline below) [ ]  No |
| Does the project comply with Strategic Plan/ [ ]  Yes (If yes, outline below) [ ]  NoMaster Plans or other planning instrumentsfor this site? |
| Will Development Approval be required? [ ]  Yes (If yes, outline below) [ ]  No |
| Will Building Approval be required? [ ]  Yes (If yes, outline below) [ ]  No |
| Additional comments: |
| **Community Development Officer name**:  |
| Signed: | Date: |
| **Property Officer name**:  |
| Signed: | Date: |