



*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.

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 ✓	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, have you consulted with Noosa Council's Heritage Coordinator and obtained advice from a Heritage Coordinator) Please tick ✓	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 <input type="checkbox"/> Lighting <input type="checkbox"/> Electrical work <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Solar Panels <input type="checkbox"/> Other (please specify)	Construction/Building Improvements <input type="checkbox"/> Storage <input type="checkbox"/> New building <input type="checkbox"/> Extension to existing building <input type="checkbox"/> Internal refurbishment e.g. new kitchen, floor covering replacement <input type="checkbox"/> Canteen/Food storage <input type="checkbox"/> Footings/Stumps/Retaining Walls <input type="checkbox"/> Other (please specify)
Land, Grounds, Fields <input type="checkbox"/> Fencing <input type="checkbox"/> Filling/Earthworks <input type="checkbox"/> Tree trimming <input type="checkbox"/> Other (please specify)	Plumbing <input type="checkbox"/> Plumbing <input type="checkbox"/> Drainage <input type="checkbox"/> 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:	Amount:
<input type="checkbox"/> Project will be partly or fully funded by the community organisation	\$
<input type="checkbox"/> Project will be partly or fully funded by grant(s) applied for by the community organisation	\$
<input type="checkbox"/> Confirmed grant funding Grant name: _ _____	\$
<input type="checkbox"/> Applied/will apply (unconfirmed)	
<input type="checkbox"/> Funding request Closing date: _____	\$
<input type="checkbox"/> A letter of support is required	
<input type="checkbox"/> Sponsorship or donation	\$
<input type="checkbox"/> Other (please specify)	\$
Total Available Funding	\$

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.

Empty text area for providing details on ongoing costs.

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
(BLOCK LETTERS)

Name of Secretary/Authorised Person
(BLOCK LETTERS)

Date signed: _____

Date signed: _____

Privacy

Noosa 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?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Does Council anticipate it will renew the tenure Agreement (if less than 3 years left)?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Does the tenure agreement permit the works?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Does the proposed project require an amendment to the tenure agreement?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Is the site listed on the Queensland Register or involving Local Heritage Place or within a Character Area defined in the Noosa Plan 2020 Heritage Overlay?	<input type="checkbox"/> No	
Has Noosa Council's Heritage Coordinator recommended that advice be sought from a Heritage Architect required?	<input type="checkbox"/> Yes (if yes, outline below)	<input type="checkbox"/> No
If yes, has advice from a Heritage Architect been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the checklist complete & include all attachments?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Does the project comply with Strategic Plan/ Master Plans or other planning instruments for this site?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Will Development Approval be required?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Will Building Approval be required?	<input type="checkbox"/> Yes (If yes, outline below)	<input type="checkbox"/> No
Additional comments:		
Community Development Officer name:		
Signed:		Date:
Property Officer name:		
Signed:		Date: