

# Application for in-ground sensor removal and reinstatement



City of HOBART

## When to use this form

Use this form if you need to carry out any works where the removal of the in-ground parking sensors is needed. This application must be received 7 business days prior to when works are planned in areas with in-ground parking sensors so they can be removed.

The fee for this depends on the scale of work and how many in-ground sensors in the area are affected. For further information, including fees visit our [website](#).

---

## Applicant details

**First name**

**Last name**

**Organisation or business name**

---

## Contact details

**First name (if different to applicant)**

**Last name (if different to applicant)**

**Email address** Required

**Telephone number** Required

**Street address**

**Unit/street number** Required

**Street name** Required

**Suburb** Required

**Is this your postal address? (Select 1 option)** Required

- yes  
 no

Complete this field if you selected 'no' in *Contact details : Is this your postal address?*

**Postal address** Required

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post

---

## Detail of works

**Please provide a description of what you would like to do.** Required

**Will excavation of the parking bays be required? (Select 1 option)** Required

- yes
- no

**Will heavy machinery be used during the works? (Select 1 option)** Required

- yes
- no

**How many sensors will need to be removed and then returned when the works are completed?** Required

**Start date of works** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**End date of works** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Time(s) required** Required

**Site contact details**

**Full name of site supervisor** Required

**Telephone number** Required

**Location**

**Street number (or other location e.g. Princes Park)** Required

**Street name** Required

**Suburb (Select 1 option)****Required**

- Battery Point
- Dynnyrne
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

---

## Indemnity and declaration

### Indemnity statement

a. If a permit is issued by the Council as requested by this application then the applicant is responsible for and indemnifies and will keep Council and each of Council's officers, employees, agents and contractors (Indemnified Persons) indemnified in respect of any claim, demand, action, damage, loss, liability, cost, charge, expense, outgoing or payment which Council or any of the Indemnified Persons pay, suffer, incur or are liable for as a consequence of or arising directly or indirectly from any or all of the following:

- (i) any breach or failure to comply with the conditions of the permit by the applicant and/or the applicant's employees, agents, contractors or invitees;
- (ii) any unlawful, wilful or negligent act or omission of the applicant and/or the applicant's employees, contractors, agents or invitees;
- (iii) any event, circumstance, matter or thing being at any time found to be other than as warranted or represented by the applicant, whether in the application, the permit or otherwise.

b. By making this application, the applicant is offering to be bound by this indemnity and this may be relied upon by the Council as a binding agreement if a permit is granted.

c. This agreement to indemnify does not merge on the expiry or cancellation of the permit, and the applicant will remain bound by the indemnity after the permit has expired or has been cancelled.

### Declaration

**In making this application: (Select 1 or more options)** Required

- I declare that the information I have provided is true and correct and I agree to comply with all clauses of the indemnity statement outlined above. Required
- I am duly authorised to sign on behalf of the organisation or business named as the applicant (if applicable).
- I agree that by typing my name below I have signed this application. Required

**Name of signatory** Required

**Date** Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

---

*End of form*