



## APPLICATION FOR NOISE MANAGEMENT PLAN

### Environmental Protection (Noise) Regulations 1997

This application is to be used for the purpose of obtaining approval for a noise management plan in order to undertake out of hours construction work.

#### APPLICANT DETAILS

Applicant Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### SITE DETAILS

Name of  
Premise/Site: \_\_\_\_\_

Construction Site  
Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

#### IMPORTANT INFORMATION *Documentation required to be submitted with this application.*

A Noise Management Plan is required to be submitted with this application. The plan must detail information pertaining to the following:

- Dates and times of intended works;
- Need of work to be completed out of hours;
- Types of activity which could be noisy;
- Types of equipment to be used (equipment should be the quietest reasonably available);
- Predictions of noise levels;
- The control measures of noise and vibration to be implemented;
- Procedures or activities for monitoring of noise and vibration;
- Complaint response procedure to be adopted; and
- Method of providing notification to surrounding properties likely to be affected by the noise.

#### LEGISLATION REQUIREMENTS

Environmental Protection (Noise) Regulations 1997 (available from [State Law Publisher](#)).



### APPLICATION FEE

\$210.00

*The application will NOT be approved until payment has been made and plans submitted.*

### PLEASE NOTE

Application must be lodged at least seven (7) before the commencement of the after-hour works.

### DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position in Company: \_\_\_\_\_

*In the case of a company, the signing officer must state position in the company.*

## OFFICE USE

GL Account No: **07220803** \_\_\_\_\_ Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Officers Initials: \_\_\_\_\_