



CITY OF VINCENT

ALLOCATION OF CAR SHARE SPACES

APPLICATION FORM

1. Applicant information:

Please provide all information requested below relating to the car share provider.

Company/Business/Entity Name (Block Letters):

ABN: _____ **GST Status:** _____

ACN (if applicable): _____

Street Address: _____

Suburb: _____ **State:** _____ **Post Code:** _____

Postal Address: _____

Suburb: _____ **State:** _____ **Post Code:** _____

Telephone No: _____ **Facsimile No:** _____

E-mail: _____

Web Address: _____

Current status within the City of Vincent:

- Approved car share provider with current Agreement in place
- Application for approval pending
- Other (please provide details) _____

Please read and complete the following sections in conjunction with City of Vincent Planning Policy 7.7.2 – Car Sharing.

Please provide maps and site plans as attachments where requested.

2. Proposed car share space/s

Please provide the following:

- Map showing:
- Location of all proposed car share space/s subject to this application; and
 - Location of all existing car share spaces that have previously been allocated to your car share scheme (if any).

Please differentiate between any existing and proposed car share spaces by colour coding or the use of symbols.

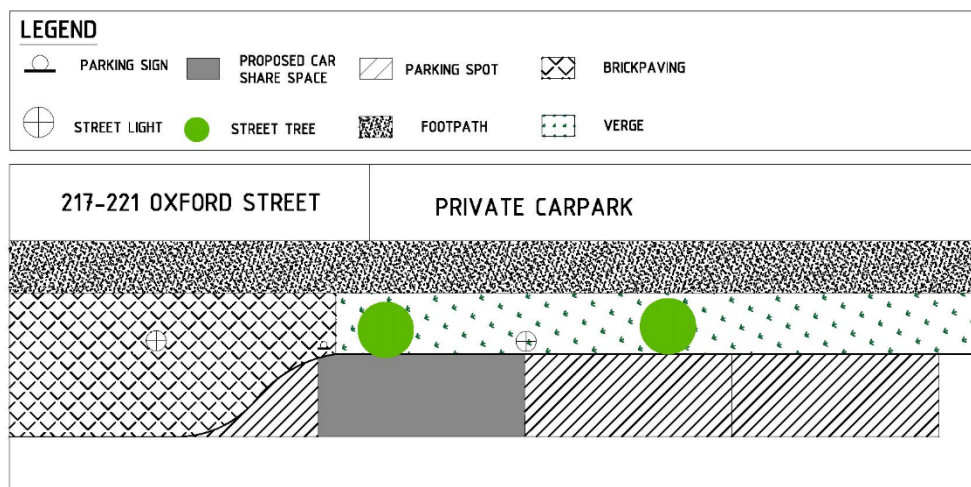
Please confirm the total number of car share spaces being requested in this application:

3. Site plan/s

For each new car share space being requested, please provide a site plan clearly showing the following:

- Scale of the plan (e.g. 1:100 at A3)
- The specific parking bay being requested (please label clearly)
- Nearby properties (include street address for ease of identification)
- Adjacent features including any neighbouring car bays, sidewalk, drive way, street tree, bike rack, public bin, street light, power pole, parking sign or parking meter

Sample drawing of a site plan that may be provided



Please confirm the total number of site plans attached to this application:

4. Photos

For each new car share space being requested, please provide photos of the existing site.

If possible, provide a photo from across the street looking directly at the proposed car share space, as well as a photo along the street in both directions, including the proposed car share space as shown in the example below.

Photo of the proposed cars share space from across the street.



Photo of the street in one direction, including proposed car share space.



Photo of the street in the other direction, including proposed car share space.



5. Acknowledgement

Please complete and sign the below as requested.

I have read and understood City of Vincent Planning Policy 7.7.2 – Car Sharing and the Guidelines for Car Share Providers set out in Appendix 1 to the Policy.

Full Name of authorised signatory (BLOCK LETTERS):

Mr. Mrs. Ms. Other _____ (Please tick one)

First Name: _____ Surname: _____

Position: _____

Address: _____

Signature of Applicant:

Date:

Signature of Witness:

Date:

Name of witness: (BLOCK LETTERS): _____

Position: _____

All information provided to the City as part of this application will remain commercial in confidence.

For any questions regarding this application, please email mail@vincent.wa.gov.au or call 92736000.

Please submit the completed application form to the City of Vincent:

- In person at 244 Vincent Street, Leederville WA; or
- Via mail to PO Box 82 LEEDERVILLE WA 6902.

This form can be downloaded from www.vincent.wa.gov.au/CSA