



Rodney District Council
Private Bag 500
OREWA 1461

APPLICATION FOR REGISTRATION OF A CAMPING-GROUND
Health (Registration of Premises) Regulations 1966

_____ *(Full Name or Company Name of Applicant)*

of _____ *(Full Residential Address)*

Contact person (if different from above) _____

Email address _____

Telephone No: _____ (Bus) _____ (Res) _____ (Fax)

apply pursuant to the Camping-Grounds Regulations 1985, to have premises situated at _____

known as _____ registered as a camping-ground.

LEGAL DESCRIPTION OF PROPERTY: Lot _____ DP: _____ AREA OF LAND: _____

PROPOSED CARETAKER: _____ TELEPHONE NO: _____

GENERAL:

Number of tent sites: _____

Number of caravan sites: _____

Number of living units contained in cabins or other buildings _____

TOTAL: _____

Maximum number of persons to be catered for: _____

Type of roading or paths: _____

Type of lighting: _____

Water Supply - (source, reservoirs, reticulation, treatment etc): _____

KITCHEN AND COOKING FACILITIES:

Type of cooking appliances - (i.e. electric or other): _____

Number of cooking appliances: _____

Location of cooking appliances: _____

Sinks - (number and type): _____

Hot water supply - (type, capacity and number of cylinders): _____

ABLUTION PLACES:

Number of buildings: _____

Number of showers: Male: ___ Female: ___ Total: ___

Number of wash hand basins: Male: ___ Female: ___ Total: ___

Hot water supply - (type, capacity and number of cylinders): _____

SANITARY FIXTURES:

Number of buildings: _____

Type of fixtures (i.e. water closet, pit privy etc): _____

Number of fixtures: Male: ___ Female: ___ Total: ___

Number of urinals: _____

Total length of urinal sparge walls: _____

LAUNDRY FACILITIES:

Number of laundry tubs: _____

Number of washing machines etc: _____

Hot water supply:
(type, capacity, and number of cylinders etc.) _____

DRAINAGE:

Kitchen drainage: _____

Ablution drainage: _____

Water closet or privy drainage: _____

Urinal drainage: _____

Laundry drainage: _____

Stormwater drainage (from buildings): _____

REFUSE DISPOSAL:

Number of covered receptacles: _____

Frequency of collection: _____

Method of refuse disposal: _____

If applicant is not the owner, state name of owner of premises: _____

IF TRANSFER: _____
(Full name of previous operator)

For the period from _____ 20____ until the 30 September 20_____

FEE PAYABLE: _____

SIGNED: _____ DATE: _____

- (1) *Personal information obtained in this application is primarily for establishing applicant identity and, when the application has been approved or declined, for administration, monitoring and enforcement.*
- (2) *The information may be released to any inquirer about the application, the refusal of the application, or in relation to the exercise of the approval of this application.*
- (3) *The information will be held by Rodney District Council, 50 Centreway Road, Orewa.*
- (4) *The information may be provided to the Medical Officer of Health or Liquor Licensing Authority and will be used for verifying and amending the Council's ownership and occupier records (the Rating Roll) and will be released in accordance with the Rating Powers Act 1988 and to Valuation New Zealand.*
- (5) *You have the right to access the information and to request its correction.*

For Office Use Only (See Job Breakdown 9.1.28)		
Fee Paid:	Date of Inspection:	Debtor No:
Receipt No:	Issue: Yes/No	Lic./Cert. No:
Date:	Officer:	Date of Issue: