

Event Permit Application Form

Name of park / forest:		
Organisation's name:		
Name of event:		
Type of Event:		
Expected numbers:		
Date(s) of Event:	Pack in time:	
Pack out time:		
Contact person name:		
Landline phone:	Mobile phone:	
Email:	Fax:	
Postal address:		
Other contact(s):		
Activity Description: 1. Explain the nature of the event and what you propose to do.		
2. Where do you propose to go within the park/forest? (please supply a location map and NZMS 260 grid reference)		
3. Will you be creating "temporary structures" (ie. stages, marquees, props for filming) on the Park?		
Access and use of park / forest:		
4. Describe the main access points that you will be using into the Park / Forest		
5. Where will your vehicles be parked (please indicate on map)?		

6. Will you require any road closures on public or council roads? (<i>Note: public road closure requires a Tra</i> Management Plan to be submitted with your application)	
7. How do you propose to control traffic / competitors? (e.g. marshals, tail er	nd-charlie)
8. Which park/forest facilities (structures, tracks) do you need to use?	
9. What extra equipment will you bring onto the park / forest?	
10. What alcohol, food or merchandise will be sold during your event?	
11. Have you obtained liquor and food licences from the appropriate local at	uthority? (please specify)
	Yes □ No □ N/A □
12. Have you obtained building/resource consents from the appropriate loca	l authority? (please specify)
	Yes □ No □ N/A □
Activity Impact Assessment:	
13. Will your activity affect public access to other areas of the park?	Yes □ No □
4. Will your activity result in any disturbance to native vegetation/birds?	Yes □ No □
5. Will natural waterways or bodies of water be affected by your activity?	Yes □ No □
6. Is there any risk of fire?	Yes □ No □
7. Will your activity cause any noise?	Yes □ No □
18. Will your activity result in traffic impacts to the roading infrastructure?	Yes □ No □
19. If yes to any of the above, how will you minimise these impacts? (use ac	dditional paper if required)

Health and Safety: 20. Do you have Public	Yes □ No □	
To what level?		
21. Do you have Fire Su	Yes □ No □	
To what level?		
		rocedures plan under the Health and Safety anger no later than 10 working days before
Please indicate whethe sent to you.	r you have obtained a "Health and Safety"	' planning template or would like one to be
sem to you.		Have one ☐ Please send ☐
Other Information		
22. Which term best des	scribes your company / organisation? (tick of	one)
Commercial	Community	
23. How much ranger ti	me do you require?	
24. What do you need to	he ranger to do?	
25. Do you have any otl	her information you wish to supply in suppo	rt of your application Yes \(\square \) No \(\square \)
Contact Us:		
Greater Wellington	Greater Wellington	Greater Wellington
Wellington Office	Western Sector Principal Ranger	Eastern Sector Principal Ranger
PO Box 11646	PO Box 11646	PO Box 40847
Phone 04 384 5708	04 237 5793	04 526 4133
Fax 04 802 0200	04 237 4816	04 526 4171
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