

# Application for Road Closure (Referral Agency) application

Economy, Planning & Environment  
Planning Assessment  
City Development

PO Box 5042 GOLD COAST MC QLD 9729

P: (07) 5582 8866 F: (07) 5596 3653

E: [mail@goldcoast.qld.gov.au](mailto:mail@goldcoast.qld.gov.au)

W: [cityofgoldcoast.com.au](http://cityofgoldcoast.com.au)

Please use **BLOCK LETTERS** and complete all details in full

## Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the *Information Privacy Act (Qld) 2009* and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to [cityofgoldcoast.com.au/privacy](http://cityofgoldcoast.com.au/privacy).

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

## Applicant Details Please use **BLOCK LETTERS** and complete all details in full.

Full Name or Company Name			
ACN			
Postal address			
Primary phone		Alternative phone	
Facsimile		Email	

## Property details

Please provide either the Lot and Plan or Title Reference for the land on the adjoining road for which the application is being lodged.

Property details can be found on your rates notice or on Planning and Development Online at

[cityofgoldcoast.com.au/pdonline](http://cityofgoldcoast.com.au/pdonline)

Lot number	Plan number	Title Reference

## Area of road proposed to be closed This can be identified on the supporting plan

Please nominate the area of road (including dimensions) that is proposed to be closed.


## Registered owner

Are you the registered owner, lessee or trustee of the land adjoining the area of road subject to this road closure request?

**Application cannot be considered unless made by adjoining land owner.**

Yes		No	
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## Current use of road area

Provide details of the current use of the road area. Lodge as attachment if insufficient space


## Office use only

Date received		Fee paid	
Received by		Receipt number	
Business partner name		Account number	
Business partner number		System code	(if applicable)


**Proposed use of road area**

Provide details of the proposed use of the road area. Lodge as attachment if insufficient space


**Additional information**

Provide reasons for the proposed closure. Lodge as attachment if insufficient space


**Supporting information** *(Please provide one hard copy and one USB (PDF) copy of the complete application)*

Please return completed application with supporting documents to:

**Development Assessment Review Team**  
**City of Gold Coast**  
**PO Box 5042**  
**GOLD COAST MC QLD 9729**

Alternatively email to [DART@goldcoast.qld.gov.au](mailto:DART@goldcoast.qld.gov.au).

**Supporting information** *(Please provide one hard copy and one USB (PDF) copy of the complete application)*

A drawing (minimum A4 size) which includes the following information: <ul style="list-style-type: none"> <li>General location including your land</li> <li>Area of the road to be closed</li> <li>Lot on plan information</li> <li>A north point</li> <li>Scale, and</li> <li>Dimensions</li> </ul>		Yes		No
A brief report outlining: <ul style="list-style-type: none"> <li>Why the proposed road closure is sought</li> <li>Provide details of the proposed use of the area</li> </ul>		Yes		No
Details of any additional information to support the application		Yes		No

**Declaration**

I declare that:

- The information provided in this form is complete and correct
- I have read the privacy notice

<b>Signature</b>		<b>Date</b>	
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