

Application to sleep or otherwise occupy the footpath or road at night in the city centres City Amenity Bylaw

Receipt number _____ SR number: _____ Date received: _____ (NCC to complete)

APPLICANT DETAILS

Applicant/s Name/s: _____

Address for correspondence: _____

Email: _____

Phone: _____

Mobile: _____

DETAILS OF APPLICATION

Date of the proposed activity: _____

Location of the proposed activity: _____

Duration of the proposed activity: _____

Reason for proposed activity: _____

Do you intend to locate yourself or any material/item within 600mm of any commercial or retail frontage? Yes/No

If yes, please give details: _____

Signature of applicant: _____

Date: _____

**Please return this form to: Customer Service Centre, Nelson City Council, 110 Trafalgar Street
Freepost 76919, Po Box 645 Nelson 7040 Phone 03 546 0200 Email enquiry@ncc.govt.nz**