

# Grazing Livestock on Roadsides Application Form

## Fees

See the Fees and Charges Sheet  
and enter the total amount here:

\$\_\_\_\_\_

**Pursuant to Clause 44 of South Gippsland Shire Council's General Local Law 2024 and the VicRoads Manual for Traffic Control at Stock Crossings.**

All applications will be referred to South Gippsland Shire Council's Open Space and Environment team and Infrastructure Maintenance team to ensure that the grazing area poses no risk to significant roadside vegetation, nor to any infrastructure such as drains. Conditions may be imposed to ensure there is no damage.

All applications will be inspected by a Community Safety Officer to ensure compliance prior to an invoice being issued.

**Permits are granted for a 12-month period and are subject to an annual review.**

## APPLICANT DETAILS

Full Name of Applicant: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if different to above): \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## LOCATION DETAILS

Property Address Where Animals are Kept: \_\_\_\_\_

Previous Permit Number: \_\_\_\_\_

Are you the owner of the property? ☐ Yes ☐ No

*If you are not the property owner, signed consent from each property owner as listed on the rates notice must be attached to this application.*

PIC Number of Property: \_\_\_\_\_

A Site Plan showing all intended roads to be grazed, length of road, any intersections, all property access points and property boundaries must be attached to this application. Also attach a copy of your current Public Liability Insurance, with a minimum of \$20 million cover.

## LIVESTOCK DETAILS

Type and Number of Livestock: \_\_\_\_\_

Number of Days of Grazing Required: \_\_\_\_\_

Description of Temporary Fencing Proposed:

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## PRIVACY STATEMENT AND DECLARATION

I acknowledge South Gippsland Shire Council's primary purpose of collecting personal information within this Grazing Livestock on Roadsides Application Form will be used to complete my request. Failure to provide correct details may result in Council being unable to process my request. All personal information provided in this form will be managed in accordance with the *Privacy and Data Protection Act 2014*.

I declare that the information provided in this form is true and completed to the best of my knowledge. This application forms a legal document and penalties exist for providing false or misleading information. I understand that inspections will be undertaken by the Community Safety team prior to the issuing of a permit, as well as periodically during the life of the permit to ensure ongoing compliance. I understand that, if approved, the applicable fees will need to be paid before the permit is issued. I understand that my permit may be revoked if I fail to comply. I also understand that infringements may be issued for failing to obtain a permit, or for non-compliance with a permit or Notice to Comply.

Please sign and date below to state you understand the above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

### HOW TO RETURN YOUR FORM



Via Post to:  
**Community Safety**  
**South Gippsland Shire Council**  
**Private Bag 4**  
**Leongatha VIC 3953**



Via Email: **council@southgippsland.vic.gov.au**



In Person at **9 Smith Street, Leongatha** or  
**15 Little Commercial Street, Korumburra**



**South Gippsland**  
Shire Council