

## Bellerive Wharf Berthing/Use Application Department of State Growth

| Date Application Submitted:                                     |            |  |                              |             |
|---|------------|--|------------------------------|-------------|
|   |            |  |                              |             |
| Applicant Details   |            |  |                              |             |
| First Name:   |            | Last N                                 | lame:                        |             |
| Company Name (if applicable):                                   |            | Role:                                  |                              |             |
| Postal Address:   |            | Conta<br>Addre                         | ct Email<br>ss:              |             |
| Contact Number:   |            |  |                              |             |
| Use/Access Details  Use of Wharf (e.g. purpose of use/access):  |            |  |                              |             |
| Length of time access is required                               |            | t date:                                |                              | Start time: |
| (specify start/end time): Access is for waterside/landside/botl |            | date:                                  | E                            | End time:   |
| Vessel Details (if applicable)                                  |            | I -                                    |                              |             |
| Captain/Responsible Officer Name:                               |            |  | in/Responsible<br>Last Name: |             |
| Company/Vessel<br>Name:   |            | Captain/Responsible<br>Contact Number: |                              |             |
| Captain/Responsible Contact Email Address:                      |            |  |                              |             |
| Vessel Description:   |            | Vesse                                  | l Weight:                    |             |
| Vessel Legal<br>Length:   |            |  | I Full Length:               |             |
| Vessel Width (Beam):  |            | Vesse<br>(Draft)                       | l Depth<br>:                 |             |
| Vessel Height:  | ight:      |  | lumber:                      |             |
| Additional/Support Vessel Details (if a                         | applicable | <del>)</del>                           |                              |             |
| Role:   |            | Office                                 | in/Responsible<br>r Name:    |             |
| Captain/Responsible   |            |  | any/Vessel                   |             |
| Officer Last Name: Captain/Responsible                          |            | Name                                   | :<br>in/Responsible          |             |
| Contact Number:   |            |  | ct Email                     |             |

| Vessel Description:  |       | Vessel Weight:      |  |  |  |  |
|--|-------|---------------------|--|--|--|--|
| Vessel Legal   |       | Vessel Full Length: |  |  |  |  |
| Length:  |       | V 15 (              |  |  |  |  |
| Vessel Width   |       | Vessel Depth        |  |  |  |  |
| (Beam):  |       | (Draft):            |  |  |  |  |
| Vessel Height:   |       | IMO Number:         |  |  |  |  |
| Other Additional Inform  | ation |                     |  |  |  |  |
|  |       |                     |  |  |  |  |
| Terms and conditions:  |       |                     |  |  |  |  |
| Applicant to ensure compliance with any relevant marine, environmental or other laws   |       |                     |  |  |  |  |
| Applicant agrees to undertake activities as outlined in above application only.  |       |                     |  |  |  |  |
| Applicant is liable for any damage caused to the Bellerive Wharf and/or other infrastructure within the Bellerive Pier area.                 |       |                     |  |  |  |  |
| At any time prior to the applicant's approved berthing the Department of State Growth may cancel the approval provided for use of the Wharf. |       |                     |  |  |  |  |
| Risk Management/Mitigation Plan Attached*  |       |                     |  |  |  |  |
| Yes:   |       | No:                 |  |  |  |  |
| Signed   |       |                     |  |  |  |  |
| Name (Print):  |       | Date:               |  |  |  |  |
| Signature:   | 1     |                     |  |  |  |  |

## \*Risk Management Plan should address at a minimum:

- Navigation and Access
- Stakeholder Engagement
- Existing passenger ferry impacts
- Applicant Insurance status

## Specific to Event/Use -

- Hazard/Risk Identification
  - o Hazard/Risk Rating (inherent risk rating)
- Control Measures
  - o Hazard/Risk rating applying Control Measures (residual risk rating)
- Responsible/Key Roles and Individuals
- Emergency Management Planning