

PROPERTY SERVICES (ESTATES TEAM)

APPLICATION FORM FOR AN UNINCORPORATED ASSOCIATION TO LEASE LAND FOR USE AS A CONTRACTOR'S COMPOUND

This application <u>must</u> be submitted at least <u>14 days</u> prior to the proposed date of entry to <u>estates.enquiries@fife.gov.uk</u>

THIS APPLICATION FORM MUST BE COMPLETED IN BLOCK CAPITALS AND IN BLACK INK.

(Application forms which are incomplete or lack the necessary documents and payment will be returned unprocessed)

Application to lease	(site location)
Details of applicant	
Organisation's name	
Contact Name (and position in organisation)	
Address	Address to which the lease should be issued (if different)
Postcode	Postcode
Telephone	Email Address:
Mobile	
Organisation's address (if different):	Charity number (if applicable):

Details of the principal office bearers, usually Chairperson, Treasurer and Secretary (Please provide full names, including middle names)
Full name Home address
Post code Telephone:
Full name Home address
Post code Telephone:
Full name Home address
Post code Telephone:
Full name Home address
Post code Telephone: Mobile Email: Position:
Full nameHome address
Post code Telephone:

(Please provide a sit	r use as a contractor's compound. te description, street address and a 1:1250 Ordnance Survey plan or outlined in red the land which you wish to lease).
Street	
Town	Post Code
will continue on a we of entry should be at	to(the lease will state that it eek to week basis thereafter until terminated by either party). The proposed date least 14 days after this application form has been submitted.
Please provide detai	ils of the contract to which the compound relates.
Contract finish date Description of works	······································
Does the proposal re 583350).	equire planning permission? (To check please contact Planning on 01592
Are any works propodetails:	osed to the land for which a building warrant is required? If yes, please provide
Insurance: You <u>must</u> individual claim.	obtain Public Liability Insurance cover to the value of £5 million in respect of each
NOTE – Evidence of least 7days prior to	insurance cover including a receipt for the premium must be submitted at
Insurance company:	the date of entry.
Period of cover: From	 n:
Policy number:	
DECLARATION	
	e best of my knowledge and belief, the information given in this application is trial particulars have been omitted.
Signature	
Print name	
Position	