

# PROPERTY SERVICES (ESTATES TEAM)

APPLICATION FORM FOR AN UNINCORPORATED ASSOCIATION

TO LEASE LAND FOR USE AS A CONTRACTOR’S COMPOUND

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

***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: ……………………..Mobile……………………………Email: ……………………………………………………………………..**Position**: ………………………………………………………………….**Full name**…………………………………………………………………Home address …………………………………………………………..…………………………………………………………………………….Post code…………………Telephone: ……………………..Mobile……………………………Email: …………………………………………………………………….**Position**: ………………………………………………………………….**Full name**…………………………………………………………………Home address …………………………………………………………………………………………………………………………………………...Post code…………………Telephone: ……………………..Mobile……………………………Email: ……………………………………………………………………..**Position**: ………………………………………………………………….**Full name**…………………………………………………………………Home address …………………………………………………………………………………………………………………………………………...Post code…………………Telephone: ……………………..Mobile……………………………Email: ……………………………………………………………………..**Position**: ………………………………………………………………….**Full name**…………………………………………………………………Home address …………………………………………………………………………………………………………………………………………...Post code…………………Telephone: ……………………..Mobile……………………………Email: ……………………………………………………………………..**Position**: …………………………………………………………………. |

|  |
| --- |
| **Land requested for use as a contractor’s compound.**(Please provide a site description, street address and a 1:1250 Ordnance Survey plan or similar map showing outlined in red the land which you wish to lease).Street……………………………..Town ……………………………………… Post Code ………………Lease required from………………………………to…………………………..(the lease will state that it will continue on a week to week basis thereafter until terminated by either party). The proposed date of entry should be at least 14 days after this application form has been submitted.  |
| Please provide details of the contract to which the compound relates.Contract start date………………………….. Contract finish date …………………………Description of works…………………………………………………………………………………………….. Contract value………………………………. |
| Does the proposal require planning permission? (To check please contact Planning on 01592583350). |
| Are any works proposed to the land for which a building warrant is required? If yes, please providedetails:(if necessary continue on a separate sheet) |
| Insurance: You must obtain Public Liability Insurance cover to the value of £5 million in respect of each individual claim. **NOTE – Evidence of insurance cover including a receipt for the premium must be submitted at least 7days prior to the date of entry.**Insurance company: ………………………………Period of cover: From:……………………………. To………………………………Policy number: ……………………………………………………………… |
| **DECLARATION** |
| I declare that to the best of my knowledge and belief, the information given in this application is correct and no material particulars have been omitted. |
| Signature |  |
| Print name |  |
| Position |  |