

DLGC Myriad graphic element

# Nature Based Parks Management Plan

A Nature Based Park operator is required to submit a Management Plan together with a **Schedule 1,** **Form 1** **Application for Grant or Renewal of Licence** to the relevant local government. The Management Plan, as approved by the local government, will form the basis for the licence issued. This is a template Management Plan to assist operators and local governments.

Operators should complete the **Operator to complete** sections in blue, sign on pages 17-18 and submit it to the Licensing Authority for assessment. The Licensing Authority is to complete the **Licensing Authority to complete** sections in copper, sign on page 18 and return the Management Plan to the Operator to accept the terms and conditions of the licence.

Once accepted and returned to the Licensing Authority, the Licensing Authority is to provide a copy to the Operator.

Should you require further information, please telephone the Department on (08) 6551 8700 or toll free for country callers on 1800 620 511 or email [caravan@dlgc.wa.gov.au](mailto:caravan@dlgc.wa.gov.au)

## 1. Market Segment

(Sections 2, 4, 8 of the Guidelines)

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| **Operator to complete** |
| **1.1** What is the market segment this facility will be targeting? |
| [Click here to enter text.] |
| **1.2** How does this facility seek to meet the expectations of the target market? |
| [Click here to enter text.] |

## 2. Environmental Impact and Sustainability

(Sections 4, 5, 8 and 9 of the Guidelines)

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| **Operator to complete** |
| **2.1** What are the unique environmental characteristics for the area in which this facility is located? |
| [Click here to enter text.] |
| **2.2** Is there a stream or other water source located in or adjacent to the facility? |
| Yes  No |
| **2.3** Are there any particular risks to the surrounding environment posed by the target market segment? If yes, please provide details below. |
| Yes  No |
| [Click here to enter text.] |
| **2.4** What steps will be taken to minimise any potential environmental impact caused by the target market? |
| [Click here to enter text.] |
| **Licensing Authority to complete** |
| Ref Questions **2.1-2.4** – Do additional licence conditions need to be imposed? |
| Yes  No |
| If yes, please list below |
| [Click here to enter text.] |

## 3. Site Planning

(Sections 5, 6 of the Guidelines)

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| **Operator to complete** |
| **3.1** What is the proposed density (one site per \_\_\_\_ square metres)? |
| [Click here to enter text.] |
| **3.2** What are the key considerations in arriving at this figure? (Examples may include environmental sustainability, fire risk and other safety issues) |
| [Click here to enter text.] |
| **3.3** What is the minimum distance between one caravan/camp and another? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **3.1** – Has the minimum standard of one site per 50 square metres been met? |
| Yes  No |
| Ref Questions **3.1-3.3** – Is this density suitable for this facility? |
| Yes  No |
| Ref Questions **3.1-3.3** – Does the density need to be less than this to mitigate risk factors? |
| Yes  No |
| Ref Questions **3.1-3.3** – If yes, what density is required? |
| [Click here to enter text.] |

## 4. Infrastructure

(Sections 7, 14, 15, 16, 19 of the Guidelines)

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| **Operator to complete** |
| **4.1** What buildings/structures will be constructed or are present on the site? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Question **4.1** – Is this appropriate for a nature based park? (Refer to Schedule 7, Clause 11) |
| Yes  No |

### 4.1.1 Water (Section 17 of the Guidelines)

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| **Operator to complete** |
| **4.1.1** Will the facility have a potable supply of water at least 300 litres per day? |
| Yes  No |
| **4.1.2** How much potable water will be supplied? |
| [Click here to enter text.] |
| **4.1.3** Will the facility be providing a centrally located tap? |
| Yes  No |
| **4.1.4** Is it proposed that this facility will provide a washing up facility? (If yes, potable water is required at the washing up facility) |
| Yes  No |

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| **Licensing Authority to complete** |
| Ref Questions **4.1.1** and **4.1.2** – Has this arrangement received written approval of the Executive Director, Public Health or local government under delegation? |
| Yes  No |
| Ref Question **4.1.3** – Is this facility given exemption from providing a centrally located tap? |
| Yes  No |
| Ref Question **4.1.4** – Is this facility given exemption from providing a washing up facility? |
| Yes  No |

### 4.2 Power (Section 20 of the Guidelines)

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| **Operator to complete** |
| **4.2.1** Is a power source reasonably available? |
| Yes  No |
| **4.2.2** Will lighting be provided to public areas? |
| Yes  No |
| **4.2.3** If no, how will any associated risks be minimised? |
| [Click here to enter text.] |
| **4.2.4** Will the ablution block have at least 1 power point per four hand basins, with a minimum of one? |
| Yes  No |

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| **Licensing Authority to complete** |
| Ref Question **4.2.1** – Is it reasonably practicable to provide a power source for lighting at the facility? |
| Yes  No |
| Ref Question **4.2.2** – Is this facility given exemption from the requirements of Schedule 7 Clause 32 (lighting)? |
| Yes  No |
| Ref Question **4.2.4** – Is this facility given exemption from the requirements of Schedule 7 Clause 27 (powerpoints)? |
| Yes  No |

### 4.3 Toilets (Section 20 of the Guidelines)

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| **Operator to complete** |
| **4.3.1** Will the facility be providing the minimum of two toilets (unisex or otherwise) per 20 sites? |
| Yes (go to question 4.3.3)  No |
| **4.3.2** What is the alternative arrangement proposed? (further questions on chemical dump points below) |
| [Click here to enter text.] |
| **4.3.3** Will the facility provide at least one toilet within 90 metres of each site? |
| Yes  No (see question 4.3.4 below) |
| **4.3.4** If no, provide details. |
| [Click here to enter text.] |
| **4.3.5** Detail the means and frequency of toilet maintenance. |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Question **4.3.1** – Does the facility comply with the toilet number provisions? |
| Yes  No |
| Ref Questions **4.3.1** and **4.3.2** – Is it reasonable for this facility to comply? |
| Yes  No |
| Ref Questions **4.3.1** - **4.3.5** – Does the facility comply with Schedule 7, Clause 47?  (See Waste Management below) |
| Yes  No |
| Ref Questions **4.3.1** - **4.3.5** – Is an exemption from Schedule 7, Clause 23 granted?  (This can only be granted if Clause 47 is complied with) |
| Yes  No  NA |
| Ref Questions **4.3.1** - **4.3.5** – Is the location of the toilets reasonable? |
| Yes  No |

### 4.4 Showers (Section 17 of the Guidelines)

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| **Operator to complete** |
| **4.4.1** Will showers be provided? |
| Yes  No |
| **4.4.2** If yes, how many? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **4.4.1** – Is this reasonable given the location and market segment? |
| Yes  No |
| Ref Question **4.4.2** – How many showers are required? |
| [Click here to enter text.] |

### 4.5 Hand basins (Section 17 of the Guidelines)

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| **Operator to complete** |
| **4.5.1** Will hand basins be provided? |
| Yes  No |
| **4.5.2** If yes, how many? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **4.5.1** – Is this reasonable given the location and market segment? |
| Yes  No |
| Ref Question **4.5.2** – How many hand basins are required? |
| [Click here to enter text.] |

### 4.6 Hot water (Section 17 of the Guidelines)

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| **Operator to complete** |
| **4.6.1** Will hot water be provided to showers and hand basins? |
| Yes  No |

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| **Licensing Authority to complete** |
| Ref Questions **4.6.1** – Is this reasonable? |
| Yes  No |
| Ref Question **4.6.1** – Is this facility given an exemption under Schedule 7, Clauses 24, 26 and 31? |
| Yes  No |

## 5. Waste Management

(Sections 17 and 18 of the Guidelines)

### 5.1 Toilets and communal chemical soil waste dump/points

If the facility is providing the number of toilets specified in the Regulations i.e. 2 toilets for every 20 sites then skip to ‘Grey water’

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| **Operator to complete** |
| **5.1.1** Please outline the reasons or obstacles preventing this facility from providing the specified number of toilets? |
| [Click here to enter text.] |

If a communal chemical soil waste dump point is required in accordance with the Regulations:

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| **Operator to complete** |
| **5.1.2** Is the chemical dump point in logical proximity? |
| Yes  No |
| **5.1.3** Provide details of its location in relation to the nature-based park? |
| [Click here to enter text.] |
| **5.1.4** Do park users have ready access? |
| Yes  No |
| **5.1.5** If it is not provided by the licence holder, is there a written agreement guaranteeing access? |
| Yes (please attach a copy to this document)  No |

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| **Licensing Authority to complete** |
| Ref Questions **5.1.1 - 5.1.5** – Is there compliance with Schedule 7, Clause 23? |
| Yes  No |
| Ref Questions **5.1.1 - 5.1.5** – If No, is the requirement in Schedule 7, Clause 47 complied with? |
| Yes  No |

### 5.2 Waste disposal

#### Grey water

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| **Operator to complete** |
| **5.2.1** Is the greywater system you are planning to install at the facility a Health Department approved system? |
| Yes  No |
| **5.2.2** Describe the system below |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Question **5.2.1** and **5.2.2** – Does the proposed waste management satisfy the statutory requirements? |
| Yes  No |

#### Solid

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| **Operator to complete** |
| **5.2.3** What is the means for solid waste (rubbish) disposal at this facility? |
| [Click here to enter text.] |
| **5.2.4** Detail the means and frequency of solid waste collection and ultimate disposal. |
| [Click here to enter text.] |
| **5.2.5** Do all buildings with toilets have napkin disposal units approved by the Licensing authority? |
| Yes  No  NA |
| **5.2.6** If yes to **5.2.5**, how will these disposal units be maintained? |
| [Click here to enter text.] |

## 6. Infrastructure Summary

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| **Operator to complete** |
| **6.1** How does the infrastructure align with the market segment? |
| [Click here to enter text.] |

## 7. Informing of Shortfalls in Infrastructure

(Section 12 of the Guidelines)

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| **Operator to complete** |
| **7.1** What are the key infrastructure or amenities not provided at this facility? (Regulation 19(1)(m)) |
| [Click here to enter text.] |
| **7.2** What avenues will the operator use to ensure the target market is aware of these shortfalls? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **7.1** and **7.2** – Does this need to form a licence condition? |
| Yes  No |

## 8. Traffic Management

(Section 13 of the Guidelines)

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| **Operator to complete** |
| **8.1** Are the one-way roads within the facility 4 metres wide? |
| Yes  No (go to question 8.2) |
| **8.2** If no, what is the minimum width? |
| [Click here to enter text.] |
| **8.3** Are the two-way roads within the facility at least 6 metres wide? |
| Yes  No (go to question 8.4) |
| **8.4** If no, what is the minimum width? |
| [Click here to enter text.] |
| **8.5** If no to 8.1 or 8.3, what system of ingress and egress is to be put in place to minimise risk? |
| [Click here to enter text.] |
| **8.6** How do the roads and paths identified in the facility plan meet the needs of the market segment? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **8.1 - 8.4** – Is approval given under Schedule 7, Clause 16A for narrower roads? |
| Yes  No |
| Ref Questions **8.5** and **8.6** – Does the proposed traffic management plan minimise risk? |
| Yes  No |

## 9. Risk Management

(Sections 20-22 of the Guidelines)

### 9.1 Fire

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| **Operator to complete** |
| **9.1.1** Is every site within the reach of the nozzle end of a fire hose as required? |
| Yes  No |
| **9.1.2** Does the facility have at least one fire extinguisher? |
| Yes  No |
| **9.1.3** Will every person in the facility be able to access the fire extinguisher? |
| Yes  No |
| **9.1.4** How will this facility continue to keep the firefighting equipment accessible and ready for use at all times? |
| [Click here to enter text.] |
| **9.1.5** How is the risk of fire and any loss due to fires to be managed? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Question **9.1.1** – Is the water supply adequate to operate fire hoses effectively? |
| Yes  No |
| Ref Question **9.1.5** and **3.3** – Is the power to **increase** minimum distances between camps at this facility being exercised? |
| Yes  No |
| Ref Question **9.1.5** – If yes, what is the distance that is required between camps at this facility? |
| [Click here to enter text.] |

### 9.2 Cyclone (if the facility is in a cyclonic region)

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| **Operator to complete** |
| **9.2.1** Where is the manager or other responsible person for the facility residing? |
| [Click here to enter text.] |
| **9.2.2** What communication system is available for the manager or other responsible person in case of a cyclone? |
| [Click here to enter text.] |
| **9.2.3** How will the manager or other responsible person notify all occupants in a timely manner? |
| [Click here to enter text.] |

### 9.3 Other

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| **Operator to complete** |
| **9.3.1** Detail any other risks that require consideration in the area this facility is located. |
| [Click here to enter text.] |
| **9.3.2** What steps are being taken to minimise the impact? |
| [Click here to enter text.] |

### 9.4 Communications / Emergency Contacts

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| **Operator to complete** |
| **9.4.1** Will a public telephone be provided? |
| Yes  No |
| **9.4.2** Will there be a sign or a point at the facility providing emergency contact details? |
| Yes  No |
| **9.4.3** How will communication be addressed in an emergency situation? |
| [Click here to enter text.] |
| **9.4.4** Name and contact details of manager at facility |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **9.1 – 9.4** – Does the facility have an adequate risk mitigation and management plan? |
| Yes  No |

## 10. Length of Stay

(Section 9 of the Guidelines)

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| **Operator to complete** |
| **10.1** Based on the above information, what is the appropriate length of stay for users of this facility? |
| [Click here to enter text.] |
| **10.2** How will the length of stay be monitored? |
| [Click here to enter text.] |

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| **Licensing Authority to complete** |
| Ref Questions **10.1** and **10.2** – Detail any restrictions on the 28 day length of stay in a three month period for any market segment at this facility. |
| [Click here to enter text.] |

## Signatures

### 1. Operator to sign:

I provide the above information as an accurate reflection of the proposed nature based park.

Operator Name

Signature

Date

### 2. Licensing Authority to sign:

I have assessed the information provided and determine that a licence should be offered subject to the above conditions.

Operator Name

Signature

Date

### 3. Operator to sign:

I accept the terms and conditions on this nature based park licence.

Operator Name

Signature

Date

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| **Licensing Authority:** Signed copy provided to operator? |
| Yes  No |

## For more information, please contact:

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