

**Application Submission Matrix and Checklist + Waste Management Plan**  
(Please scan on CD/USB, single sided, as two separate documents)

**Waste Management Plan – Construction**

Will you use Site Cleaners?	<input type="checkbox"/> Yes, for some work or <input type="checkbox"/> Yes, for all work or <input checked="" type="checkbox"/> No	Estimated total volume or weight	_____
Please supply details of site cleaners used	ABN Number _____ Name _____ Phone _____ Mobile _____		
If using site cleaners for all work, please STOP here. DO NOT continue to complete form.			
All Excavation Material including Swimming Pools	<input type="checkbox"/> Less than 10m <sup>3</sup> <input checked="" type="checkbox"/> More than 10m <sup>3</sup>	<input type="checkbox"/> Reuse onsite <input checked="" type="checkbox"/> Reuse offsite <input type="checkbox"/> Landfill Disposal	
Address if reused off site <i>TBA</i>			
Name and Address of licensed landfill <i>TBA</i>			

Type of Material	Less than 10m <sup>3</sup>	More than 10m <sup>3</sup>	How will you manage this waste?		
			Onsite	Recycle	Landfill
Bricks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timber (clean or treated) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plasterboard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Green Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Principal Off-Site Recycler</b>	<b>Principal Licensed Landfill Site</b>
_____	_____
_____	_____