|  |  |  |
| --- | --- | --- |
| A picture containing shape  Description automatically generated |  |  |

**Fly Tipping Grant – Application**

Please submit your application to [EnvironmentalImprovement.ddc@westnorthants.gov.uk](mailto:EnvironmentalImprovement.ddc@westnorthants.gov.uk) for areas in West Northamptonshire or [Waste.ENC@northnorthants.gov.uk](mailto:Waste.ENC@northnorthants.gov.uk) for areas in North Northamptonshire (see checklist if you are unsure)

**Section 1: Landowner Details**

|  |  |  |
| --- | --- | --- |
| 1. | Name of landowner |  |
| 2. | Address of property/ farm/ unregistered land |  |
| 3. | Contact details:  Phone number  Email address |  |
|  |
| 4. | How often do you receive fly-tips on your land?  (please detail how many times there has been waste dumped on the land in the last 2 years) |  |
| 5. | Do you have an existing contract with a waste removal company?  If yes please provide details |  |

**Section 2: Reporting method**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | How was the fly-tipping reported to the local authority including any reference numbers given at the time?  (please tick) | Online |  |
| Telephone |  |
| Re-directed by Police |  |
| Other (please state) |  |
| 2. | Date and time of the report |  | |

**Section 3: Details of the fly-tip.**

Where possible please include relevant photos with your application

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Exact location of the fly tip (please include grid coordinates, or What3Words details) |  | |
| 2. | Waste type.  (Please tick as many as apply) | Animal carcass |  |
| Green |  |
| Vehicle parts |  |
| White goods |  |
| Other electrical |  |
| Tyres |  |
| Asbestos |  |
| Clinical waste |  |
| Construction/ demolition/ excavation |  |
| Black bags – household |  |
| Black bags – commercial |  |
| Chemical drums, oil, fuel |  |
| Other household waste |  |
| Other |  |
| 3. | Waste Size  (Please most appropriate) | Transit van load |  |
| Tipper lorry load |  |
| Significant/ multiple loads |  |
| Single black bag |  |
| Other single item |  |
| Car boot load or less |  |
| Small van load |  |
| 4. | Total weight of waste (if known) |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. | Has site has been inspected for evidence by landowner  ? | Yes |  |
| No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. | Has evidence has been recovered? If yes, please give details and retain the evidence in a safe place until you are advised by the local authority to dispose of it | Yes |  |
| No |  |
| 7. | Update/outcome of investigation  (local authority to complete?)  If there is already an ongoing investigation taking place regarding the fly tipping, please detail any information you have about the investigation. If appropriate please include the name of the officer investigating. | | | |
|  |  | | | |

**Section 4: Clearance**

|  |  |  |
| --- | --- | --- |
| 1. | Clearance cost (include quotes – see application checklist) |  |

|  |  |
| --- | --- |
| 2. | Do you as the landowner think that the site could benefit from further funds to contribute towards target hardening measures? If yes, please include whether there are current measures in place such as bollards, cameras and signage and if there should be a commitment from another agency (i.e. highways or waterways) due to location. |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Would you as the landowner like crime prevention advice from a specialist officer? | Yes |  |
| No |  |
| Not sure |  |

|  |  |  |
| --- | --- | --- |
| 4. | Expected cost of target hardening measures if known |  |
| 5. | Total cost being requested from OPFCC? |  |

**Section 5: Council Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Authority Name (please circle) | West Northamptonshire Council | North Northamptonshire Council |

**Section 6: Landowner Consent**

Please complete if applicable

|  |  |  |
| --- | --- | --- |
| 1. | Name of Landowner |  |
| 2. | Landowner Signature:  To give consent to use photos and details of site for publicity purposes. |  |

**Section 7: Contractor details**

Please complete if applicable

|  |  |  |
| --- | --- | --- |
| 1. | Name of Preferred Contractor from Quotes Provided |  |
| 2. | Contact details for contractor |  |
|  |

|  |  |
| --- | --- |
| **Date completed** |  |