

Application for Semi-Permanent Seal

Clutha
District Council



This application form is to have your section of road prioritised against Council' criteria for semi-permanent seal.

Date:	
Applicant's name:	
Applicant's postal address:	Postcode:
Contact phone number:	
Email address:	

The section of road you want to suppress must be directly in front of applicant's property unless prior agreement has been entered into.

To print off a map visit <http://www.cluthadc.govt.nz/your-service/gis-property-mapping>

Name of road where section(s) are to be suppressed:	
Length of Section	<input type="checkbox"/> 100m <input type="checkbox"/> Additional 50m increments
Have you attached a map?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to go on a priority list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding options	<input type="checkbox"/> Fully self-funded by applicant and paid up-front (work to be done this season) <input type="checkbox"/> Fully self-funded by applicant paid off over 5-year term on your rates <u>If eligible for 50% subsidy (if you meet the priority criteria)</u> <input type="checkbox"/> Would like option to pay 50% up front. <input type="checkbox"/> Would like option to add 50% to rates over a 1-5 year term.

Signature	Date:
-----------	-------

Office use only	
Application approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Priority scaling result	
Funding option approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date:

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240
 P: 03 419 0200; F: 03 418 3185; E: help.desk@cluthadc.govt.nz
www.cluthadc.govt.nz

Affected Person/s Permission Form

Date:		
Name:		
Postal address:		Postcode:
Contact Details:	Phone:	Email:
Signature:		

Date:		
Name:		
Postal address:		Postcode:
Contact Details:	Phone:	Email:
Signature:		

Date:		
Name:		
Postal address:		Postcode:
Contact Details:	Phone:	Email:
Signature:		