

Application for Vehicular Crossing – Urban

Clutha
District Council



Date:		Permit No	
Applicant's Details:	Name:		
	Address:		
	Email:		
	Phone:		
<p>Permit fee attached (Refer to the Schedule of Fees & Charges on Website) Yes No</p> <p>I/We make application in accordance with Council Policy for approval to construct a vehicular crossing at the entrance to my property situated at:</p>			
(Number, Road/Street, Area/Township)			
being			
(Legal description)			
I/We require a:	Residential Crossing Commercial Crossing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Attached:	Map / Plan / Photos		
<p>(These must be attached for the permit to be considered)</p>			
<p>I/We understand that it is a requirement to have the crossing constructed in accordance with the standards set by Council for the type of crossing approved as advised below: The contractor I intend to use to construct the crossing is:</p>			
<p>To be obtained before work can commence:</p> <p>Carriageway / Accessway Request – To be lodged by contractor.</p> <p>TMP (Traffic Management Plan) – To be lodged by contractor.</p>			
Signature:		Date:	

Office use only		
Application	SLOT / DROP CROSSING	APPROVED / NOT APPROVED
Date		
Signed		
Permit Expiry Date	(Crossing to be installed within 12 months of approval date or permit will lapse)	

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