

# Authority to Work on Road/Road Reserve Application Form

**Clutha**  
District Council



## 1. Applicant (Property Owner)

Name:	<input type="text"/>	Phone: (b/h)	<input type="text"/>
Address:	<input type="text"/>	Phone: (a/h)	<input type="text"/>
		Fax:	<input type="text"/>
		Mobile:	<input type="text"/>
		<input type="text"/>	<input type="text"/>

## 2. Contractor (Works Operator)

Name:	<input type="text"/>	Phone: (b/h)	<input type="text"/>
Address:	<input type="text"/>	Phone: (a/h)	<input type="text"/>
		Fax:	<input type="text"/>
		Mobile:	<input type="text"/>
		<input type="text"/>	<input type="text"/>

## 3. Contractor (Transport Operator)

Name:	<input type="text"/>	Phone: (b/h)	<input type="text"/>
Address:	<input type="text"/>	Phone: (a/h)	<input type="text"/>
		Fax:	<input type="text"/>
		Mobile:	<input type="text"/>
		<input type="text"/>	<input type="text"/>

## 4. Site Location & Prelim Operational Information

Road:	<input type="text"/>	Rapid No:	<input type="text"/>
Legal Description	Property:	<input type="text"/>	
Estimated start date:	<input type="text"/>	Contact Person:	<input type="text"/>
		Phone Number:	<input type="text"/>

## 5. Services in Road Reserve

Services contacted: (please ✓)

<input type="checkbox"/> Telephone	<input type="checkbox"/> Power	<input type="checkbox"/> Water
<input type="checkbox"/> Sewer	<input type="checkbox"/> Stock water	<input type="checkbox"/> Irrigation
<input type="checkbox"/> Other		

Signature:  Date:

### Office use only

	Date	Signature
Pre-operational Site Inspection:	<input type="text"/>	<input type="text"/>
Traffic Management Plans:	<input type="text"/>	<input type="text"/>
Council Indemnification:	<input type="text"/>	<input type="text"/>
Post-operational site inspection:	<input type="text"/>	<input type="text"/>

Comments (use the reverse side of this application form for comments)

## Affected Property Owner Consent

Name:	<input style="width: 95%;" type="text"/>	Phone: (b/h)	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%; height: 60px;" type="text"/>	Phone: (a/h)	<input style="width: 95%;" type="text"/>
		Fax:	<input style="width: 95%;" type="text"/>
		Mobile:	<input style="width: 95%;" type="text"/>

I hereby confirm that I have been consulted with regard to the proposed works and give / do not give\* consent thereto. *\*(Delete which is not applicable)*

Signature:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
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Name:	<input style="width: 95%;" type="text"/>	Phone: (b/h)	<input style="width: 95%;" type="text"/>
Address:	<input style="width: 95%; height: 60px;" type="text"/>	Phone: (a/h)	<input style="width: 95%;" type="text"/>
		Fax:	<input style="width: 95%;" type="text"/>
		Mobile:	<input style="width: 95%;" type="text"/>

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Address:	<input style="width: 95%; height: 60px;" type="text"/>	Phone: (a/h)	<input style="width: 95%;" type="text"/>
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		Mobile:	<input style="width: 95%;" type="text"/>

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Signature:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>
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## Comments (inclusive of description of work)
