

Application for Vehicular Crossing – Urban



Date:	Permit No
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Applicant's Details:	Name:
	Address:
	Email:
	Phone:

Permit fee attached (Refer to the Schedule of Fees & Charges on Website) YES/NO

I/We make application in accordance with Council Policy for approval to construct a vehicular crossing at the entrance to my property situated at:

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(Number, Road/Street, Area/Township)

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(Legal description)

I/We require a:	Residential Crossing Commercial Crossing	<table border="1" style="width:100%"> <tr> <td style="height:20px;"></td> </tr> <tr> <td style="height:20px;"></td> </tr> <tr> <td style="height:20px;"></td> </tr> </table>			
Attached:	Map / Plan / Photos				
(These must be attached for the permit to be considered)					

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:

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To be obtained before work can commence:
 Carriageway / Accessway Request – To be lodged by contractor.
 TMP (Traffic Management Plan) – To be lodged by contractor.

Signature:	Date:
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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)	