

Vehicle Crossing Application Form

App ID:

Applicant / Agent Details

Name	<input type="text"/>	Postal Address	<input type="text"/>
Phone	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>	Post Code	<input type="text"/>

Property Information

Property Address	<input type="text"/>		
Valuation No.	<input type="text"/>	/	<input type="text"/>
Assessment No.	<input type="text"/>		
Legal Description	<input type="text"/>		

Property Owner Details *(If different from above)*

Name	<input type="text"/>	Postal Address	<input type="text"/>
Phone	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>	Post Code	<input type="text"/>

What is the purpose of this application?

New Crossing Upgrade Relocation

Is this application related to any of the following?

Subdivision/Land Resource Consent Reference No.

Building Consent Reference No.

Conditions and Notes

I/We agree that the Crossing shall be constructed in accordance with Council's "Standard Specifications for the Construction of New Vehicular Entrances" and any special conditions which may be notified with approval.

I/We agree that a detailed site plan must be attached to this application. The application will not be processed without a plan.

I/We agree that only Council-approved Roading Contractors may construct the crossing.

Note: The list of approved contractors and approved specifications from Council will be forwarded after approval has been issued.

A permit is valid for six months from the date of issue. In the event of failure to complete within the six months, the permit will be deemed to have expired. Extensions to the term of the permit may be granted. Please contact Council prior to the expiry date.

All vehicle crossing applications (whether stand alone or linked to a building consent application) have a processing time of 14 days.

ASSETS UNIT

Aerial Photograph or Map of Proposed Location

Note: A site plan showing the proposed crossing as well in close proximity any other crossings also showing the approximate location of the nearest street/road intersections. Details of the width at actual property boundary including the method of control of storm water. eg. channel drain for urban, culvert for rural. Please attach additional details to application if needed.

Applicant Declaration

I, the undersigned, hereby declare that the information given on this application is true and correct. I am authorised to make this application in the name of the legal owner and in doing so, accept the conditions of supply outlined in this application.

Name _____

Signature _____

Date: ____ / ____ / ____

Please return application to:

Waitaki District Council
20 Thames Street
Private Bag 50058
Oamaru 9444

Phone (03) 433 0300
Email service@waitaki.govt.nz

Office Use: Plan Attached: Yes No Date Received: ____ / ____ / ____