

Application for Permission to Construct a Vehicle Crossing



Applicant Details _____ Agent Owner

Applicants Name: _____

Postal Address: _____

Phone Number (work): _____ Phone Number (home): _____

Fax Number: _____ Email Address: _____

Details of address where vehicle crossing is to be constructed

Property Owner Name: _____

Street Name & Number: _____ Town: _____

Valuation Number _____

Vehicle Crossing

Urban Residential (min. width 2.8m; max. width 3.5m) Urban Commercial (min. width 3.5m; max. width 8m) Rural (max. width 8m)

Sketch supplied (Show proposed location & distances from intersections)

Anticipated Construction Date: _____

(Please allow 10 working days for processing of application)

Contractor Details

Contractor's Name: _____

Postal Address: _____

Phone Number (work): _____

Fax Number: _____

Email Address: _____

NOTE: Contractor must be SiteWise registered to undertake this work.

SiteWise registered contractors:

- Benchmark Construction 03 448 7635
- Fulton Hogan 03 440 0500
- BWC Ltd 03 445 4734
- Downer Ltd 03 443 7238
- JCL Asphalt 0800 525 753
- NuRoad Civil 027 415 3973
- Crom-Dig Ltd 03 445 0861

Checklist – Have you included?

- Contact Details

- Contractor Details

- Relevant sketch showing intended location of crossing with dimensions to boundary lines and dimension of crossing

Statement

- I understand that Council does not construct vehicle crossings for me, and that I am responsible for using suitably qualified contractors.
- I understand that I am responsible for all costs associated with physical works, legal costs and reinstatements once I have gained Council approval.
- I understand that I am responsible for checking the resource consent conditions regarding the construction of a vehicle access at the property indicated above.

Name: _____ Date: _____

Signature: _____

OFFICE USE SECTION
(to be completed by Central Otago District Council Staff)

For Roading Services Officer use only

<input type="checkbox"/> Application Approved	Signature: _____
Service Connection No _____	Officer: _____
Debtor No _____	Date: _____