

Application for Vehicle Crossing

Applicant Details	
Property Owner	
House Number	Street Address
Postal Address (If different from above)	
Mobile Number	
Daytime telephone number	
Email	

Crossing Details – (please tick one)			
Relocate an existing crossing	<input type="checkbox"/>	Create a new crossing	<input type="checkbox"/>
Up grade existing crossing	<input type="checkbox"/>		<input type="checkbox"/>

Use of Land – (please tick one)	Further Details – (please tick ones that apply)	
Urban Residential	Single width	<input type="checkbox"/>
	Double width	<input type="checkbox"/>
Rural Residential	Light entrance	<input type="checkbox"/>
Business/Industrial	Single width	<input type="checkbox"/>
	Double width	<input type="checkbox"/>
Rural	Light entrance	<input type="checkbox"/>
	Intermediate entrance	<input type="checkbox"/>
	Large entrance	<input type="checkbox"/>

Enclosed Location Plan *(Indicate the road & proposed position of crossing)*

Terms and conditions:

I understand by making this application that I am willing to accept/comply with the following conditions

- An application Fee is required for approval and inspection of this application. This shall be as scheduled in Council's Fees and Charges.
- The fee must be paid when submitting the application.
- The crossing shall be constructed at the expense of the owner/applicant.
- The location of the crossing shall be approved by the Council prior to construction.
- The installation of the crossing shall be constructed to Councils standards, specifications, Vehicle Crossing Strategy, Development Manual 2010 and Infrastructure Code of Practice.
- I shall provide a completed copy of this form to my appointed contractor upon engagement.
- I shall comply fully with the conditions on this consent form.

Signature of property owner/agent:

Date: / /

To be completed by Kaimai Consultants or Resource Consents Planner for Rural Subdivisions.

Conditions of Consent (If any)

Approval is granted by Council to construct a vehicle crossing as described in this application.

Name:

Date:

Position:

Signature:

For Office Use Only

Invoice Number	Property ID Number	CS Officer	Date Processed

