



# APPLICATION REAR ACCESS WAY

POLICY TE06

PART A – FEASIBILITY INSPECTION	
<b>APPLICANT DETAILS</b>	
Contact Person Name:	
Company Name (if applicable):	
Property Address:	
Phone:	Mobile:
Email:	
<b>PROPERTY OWNERS DETAILS (if different from above)</b>	
Company Name:	
Contact Person Name:	
Address:	
Phone:	Mobile:
Email:	
<b>APPLICATION TYPE:</b>	
<i>Application for inspection:</i>	
On a <b>EXISTING</b> Rear Access Driveway: <input type="checkbox"/>	
For a <b>NEW</b> rear access driveway: <input type="checkbox"/>	
For the <b>REMOVAL</b> of a Rear Access Driveway: <input type="checkbox"/>	
<b>SUPPORTING DOCUMENTS</b>	
Site Location Plan: <input type="checkbox"/>	
<b>Approvals</b>	
Letters of support from neighbouring properties (if access is shared) <input type="checkbox"/>	
<b>SUBMISSION &amp; INSPECTION BOOKING</b>	
<i>Please submit your application and we will contact you with a date and time</i>	

Please contact the City of Karratha Technical Services Department should you have any queries regarding your application:



Email [tech.request@karratha.wa.gov.au](mailto:tech.request@karratha.wa.gov.au)



Phone

08 9186 8555

**Office Use Only:**

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