

APPLICATION FOR VEHICLE CROSSOVER

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

SUBURB / TOWN _____

TELEPHONE _____

MOBILE _____

FAX _____

CONTRACTOR DETAILS

NAME _____

ADDRESS : STREET _____

SUBURB / TOWN _____

OWNER'S NAME _____

LOCATION OF X/OVER _____

SUBURB / TOWN _____

TELEPHONE _____

MOBILE _____

FAX _____

INSURANCE DETAILS

INSURANCE COMPANY _____

CERTIFICATE OF
CURRENCY

COPY
ATTACHED

YES

NO

SKETCH OF LOCATION AND PROPOSAL

PLEASE ATTACH SEPARATE PLANS AND DETAILS

(see back of this form)

CALL '1100' DIAL BEFORE YOU DIG FOR LOCATION DETAILS

To obtain the subsidy, construction must be in accordance with Council's Vehicle Crossover Specification, a Council representative must inspect and approve the crossover prior to any concrete being poured.

Phone 9186 8555 and ask for Operations Department to organize an inspection,
24 hours' notice required –

REMEMBER – NO INSPECTION, NO SUBSIDY

Office Use Only:

Public Liability Insurance:

Traffic Management Accreditation:

Location:

Approved / Not Approved

Applicant Advised:

Date: _____

Signature _____