

## 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 \_\_\_\_\_