



APPLICATION REAR ACCESS WAY

POLICY TE06

PART A – FEASIBILITY INSPECTION

APPLICANT DETAILS

Contact Person Name:

Company Name (if applicable):

Property Address:

Phone:

Mobile:

Email:

PROPERTY OWNERS DETAILS (if different from above)

Company Name:

Contact Person Name:

Address:

Phone:

Mobile:

Email:

APPLICATION TYPE:

Application for inspection:

On a **EXISTING** Rear Access Driveway: ☐

For a **NEW** rear access driveway: ☐

For the **REMOVAL** of a Rear Access Driveway: ☐

SUPPORTING DOCUMENTS

Site Location Plan: ☐

Approvals

Letters of support from neighboring properties (if access is shared) ☐

SUBMISSION & INSPECTION BOOKING

Please submit your application and we will contact you with a date and time

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



Email tech.request@karratha.wa.gov.au



Phone

08 9186 8555

Office Use Only:

ICR# _____

Privacy Consent and Disclosure Form

The City of Karratha collects personal and property-related information on this form. This collection is managed in accordance with the *Privacy and Responsible Information Sharing Act 2024* and the City's Privacy Statement.

Your information may be disclosed to City staff, contractors, consultants, utility providers, government agencies, emergency services, and law enforcement where required.

This information is subject to the *Local Government Act 1995 (WA)*, relevant regulations, and the *Freedom of Information Act 1992*.

By completing this form, you are acknowledging that the City will use your information provided. You can request access to, or correction of, your personal information by emailing enquiries@karratha.wa.gov.au, or writing to PO Box 219, Karratha WA 6714.

For more information about our privacy practices, please refer to the City's [Privacy Policy](#) and [Privacy Statement](#).

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