

APPLICATION FOR APPROVAL TO CONSTRUCT A VEHICLE CROSSOVER

Applicant's Name: _____

Applicant's Address: _____

Address of Crossover: _____

Lot or street number

Email: _____

Phone: _____

Please provide a sketch of the location and your proposal

Remember To Call 'Dial Before You Dig' For Location Details

By signing this form, I confirm that I have read and understood (please tick / cross):

- the specifications associated with this application;
- the [Vehicle Crossover Policy](#);
- that if eligible (as per the policy), this form is to be accompanied by an Application for Vehicle Crossover Subsidy form. Construction must be in accordance with the Council's Vehicle Crossover Specification; and
- that a Council representative must inspect and approve the crossover prior to any vegetation clearing or crossover construction.

Signature: _____

Date _____

OFFICE USE ONLY

Inspected by: _____ Signed _____ Date: _____

Application approved: Yes No

Crossover width: _____

Surface type: _____

Culvert size: _____

Minimum Gravel Cover: _____

Comments: _____

Signature: _____ Date: _____
Executive Manager Infrastructure & Assets