



WAIROA DISTRICT COUNCIL

Application for Vehicle Crossing or Piping of Frontages

I / We hereby make an application for the following works in front of my / our property and agree to pay the normal charges in accordance with the requirements of the Council bylaws.

1. FULL NAME AND ADDRESS OF OWNER OF PROPERTY (block letters)

Surname: _____
Christian Names: _____
Postal Address: _____

2. LEGAL DESCRIPTION OF PROPERTY (available from Rate Demands)

Valuation No: _____
Lot No: _____
DP No: _____
Street/Road/Rapid No _____
(the full description of the property must be supplied)

3. TYPE OF CROSSING REQUIRED

3.1 Vehicle Crossings

Residential		Rural	
Concrete		Sealed	
Culvert		Commercial	

3.2 Frontage to be piped: Yes / No

4. LOCATION

Attach a site plan showing the dimensions of the proposed and existing crossings and any obstructions between the boundary and edge of the road (either sealed or metalled).

THE APPLICANT MUST MARK OUT THE POSITION OF THE CROSSING ON THE SITE.

5. NUMBER OF RESIDENTIAL DWELLINGS ON PROPERTY _____

6. TOTAL ROAD FRONTAGE OF PROPERTY _____

7. FINAL NUMBER OF CROSSINGS TO PROPERTY _____

8. WIDTH OF EACH CROSSING AT BOUNDARY _____

A deposit of \$ _____ (inclusive of G.S.T) is paid with this application and I understand that any further costs involved with the installation work will be invoices to me upon completion.

DATED THIS _____ DAY OF _____ 20 _____

SIGNED: _____ (Applicant)

FOR OFFICE USE ONLY

DEPOSIT RECEIVED
AMOUNT: \$ _____

RECEIPT NO: _____ CROSSING APPROVED: _____

CROSSING INSTALLED: BY: _____ DATE: _____ TYPE: _____

TOTAL COSTS INVOICED: AMOUNT: \$ _____ INV NO: _____ DATE: _____



WAIROA DISTRICT COUNCIL