

Application for Permission to Construct a Vehicle Crossing



Applicants Name: _____ Agent Owner

Postal Address: _____

Phone Number (work): _____ Phone Number (home): _____

Fax Number: _____ Email Address: _____

Details of address where vehicle crossing is to be constructed

Property Owner Name: _____

Street Name & Number: _____ Town: _____

Valuation Number _____

Type of Vehicle Crossing required (refer to CODC Rooding Policy on website)

Urban Rural

Residential Commercial Industrial

Is this for a 2nd crossing?

Sketch supplied (Show proposed location, construction material, measurements & distances from intersections)

Please note: an architectural building plan will not be accepted unless the required accessway details are included.

Anticipated Construction Date: _____

(Please allow 10 working days for processing of application)

Contractor Details

Contractor's Name: _____

Postal Address: _____

Phone Number (work): _____

Fax Number: _____

Email Address: _____

NOTE:

Your Contractor must have certified Health & Safety systems in place to work on Council controlled roads.

A Corridor Access Request & Traffic Management Plan must also be submitted before work can commence.

Checklist – Have you included?

- Contact Details

- Contractor Details

- Relevant sketch showing intended location of crossing with dimensions to boundary lines, dimension of crossing and details of intended construction materials

Statement

- I understand that Council does not construct vehicle crossings for me, and that I am responsible for using suitably qualified contractors, who have certified Health & Safety systems in place.
- I understand that I am responsible for all costs associated with physical works, legal costs and reinstatements once I have gained Council approval.
- I understand that I am responsible for checking the resource consent conditions regarding the construction of a vehicle access at the property indicated above.
- I confirm that the access way will be constructed to NZS 4404 Land Development and Subdivision Standards and/or the CODC Roding Policy.

Name: _____ Date: _____

Signature: _____

Please return to: roading@codc.govt.nz

OFFICE USE SECTION
(to be completed by Central Otago District Council Staff)

For Roding Services Officer use only

<input type="checkbox"/> Application Approved	Signature: _____
Service Connection No _____	Officer: _____
Debtor No _____	Date: _____