Corridor Access Request Form (Car)



Organisation (applicant)						
Contact Name			Email Address			
Telephone number include area code		Fax number include area code			Afterhours include area code	
Alternative Contact Name				Email Address		
Telephone number include area code		Fax number include area code			Afterhours include area code	
Application details Please supply the following relevant information with your application						
Description of work						
Location of work Attach plan						
Estimated start date DD / MM / YYYY Estimated duration						
Have the adjacent property owner been notified / consulted?						
Comment?						
New Zealand Transport Agency informed of work on State Highway? TMP attached Programme attached Specification attached						
		Trenching hless Construction ling Chambers/MH	s Construction Installing Pedestal/s			ng/Pole/Cabinet/Other ng Poles
Approval returned to						
I confirm that all works described in this application are in accordance with the Conditions for the Excavation and Reinstatement of Trenches.						
Applicant Signature Date (DD/MM/YYYY)						
Opus International Consultants PO Box 395, Thames 3540 Fax No: 07 867 9657 Email: jan.blake@opus.co.nz All street openings shall be completed in accordance with the National Code of Practice for utility operator's access to transport coridors. Opus MUST be informed of any changes to programmes, dates or nature of works.						
Office	DATE OF APPLICATION RECEIVED.	PROCESSED BY.		ADDITIONAL CONDITIO	NS OF APPROVAL	
use only	DATE OF APPLICATION APPROVED.	PROCESSED BY.				
	DATE OF INSPECTION CARRIED OUT.	PROCESSED BY.				