Application to Stop Road



Applicant Details			Please print clearly	
Full name				
Physical address				
Postal address (if different from above)				
Phone (day)	Mobile		Fax	
Email address				
Applicant Property Details				
Physical address				
Legal description (eg. Lot 1 DP 12345 Certificate of Title 333969)				
Road Details				
Name of road to be stopped				
Reasons for stopping (use additional pages if required)				
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Attachments //				
Aerial view of the property showing the area proposed to be stopped clearly marked				
Copy of current Certificate of Title				
Written consent of other adjoining landowners (to the road)				
Details of any services/utilities located within the area of road proposed to be stopped				
Applicant Details				
• I/We understand that the road stopping must comply with the Local Government Act 1974 and/or Public Works Act 1981.				
 I/We understand the Thames-Coromandel District Council cannot guarantee that any application will be successful. I/We understand that we are responsible for all costs involved in stopping the road irrespective as to whether the application is successful or otherwise. 				
Signature(s)	Date (DD/MM/YYYY)			
Full Name(s)				
Send or deliver your application to:				
Roading Manager Thames-Coromandel District Council Private Bag, 515 Mackay Street, Thames				
customer.services@tcdc.govt.nz				
For enquiries:				
phone: 07 868 0200 fax: 07 868 0234 customer.services@tcdc.govt.nz				

Office use only

RECEIVED AT THE COUNCIL ON (DATE)

DOCUMENT NUMBER