# **Construction of Vehicle Crossing by a Council Authorised Contractor Application Form**



APPLICATION FOR CONSTRUCTION OF VEHICLE CROSSING BY COUNCIL AUTHORISED CONTRACTOR

#### **Details of Owner/Applicant**

### **Details of Vehicle Crossing Site**

Name of Owner/ Applicant		Street Address	
Mailing Address		Town	
		Lot DP No.	
Phone	Fax	Construction Type Drawing No. ✓ <i>tick applicable</i> 3000-2-A 3000-3-A	ie 3000-4-A
Email		600-211D 3000-6-A	3000-7-A

#### Name of Approved Contractor constructing the vehicle crossing:

*Refer to list of Council approved vehicle crossing contractors on the TCDC website: www.tcdc.govt.nz/Our-Services/Transport-Roads-and-Road-Safety* 

## **Information Checklist**

Please supply the following relevant information with your application

**Sketch Plan** (complete the vehicle crossing sketch plan on the reverse of this form)

Applicant/Audit Fee Paid: (\$150.00 incl. GST - covers completion inspection) Should an additional inspection be required a further fee of \$95.00 will be incurred.

THIS APPLICATION IS VALID FOR 12 MONTHS FOLLOWING DATE OF RECEIPT.

- // Please complete both sides of this form and return with payment to your local TCDC service centre.
- Pinnacles Civil Inspection Form must be forwarded to Pinnacles Civil once crossing has been completed.

#### Office use only. Please forward to Roading Manager.

#### Valid for 12 months

RECEIPT CODE	RECEIPT MANAGER	DATE & TIME RECEIVED
INSPECTION APPROVED BY		DATE APPROVED

## **Vehicle Crossing Sketch Plan**

