Construction of Vehicle Crossing by a Council Authorised Contractor Application Form



APPLICATION FOR CONSTRUCTION OF VEHICLE CROSSING BY COUNCIL AUTHORISED CONTRACTOR

THIS APPLICATION IS VALID FOR 12 MONTH FOLLOWING RECEIPT DATE. (An authorised Contractor is permitted to work on the road reserve without direct supervision) Please print this section and return with payments to your local Service Centre. Attach a sketch plan indicating dimensions and distance to nearest intersection or bend in road. OPUS Inspection Form must be forwarded to OPUS once crossing has been completed.												
Details of Owner/Applicant			Details of Vehicle Crossing Site									
Name of Owner/ Applicant			Street Address full name									
Mailing Address			Town									
			Lot No.					DPS No.				
Phone	Facsimile	Cor	Construction Type Drawing No. ✓ tick applica					able				
Email			600-211		ᅥ	600-211B 600-217		600-211C 600-218	600-211	D		
Iame of Approved Contractor con Defer list of Council Approved Contra												
nformation Checklist				Please supply the following relevant information with your application								
ketch Plan			Applicant/Audit Fee Paid (\$120.00 incl. GST - covers completion inspection) Should an additional inspection be required a further fee of \$95.00 will be incurred.									

Office use only. Please forward to Roading Manager. RECEIPT CODE RECEIPT MANAGER DATE & TIME RECEIVED DATE APPROVED BY DATE APPROVED