

Construction of Vehicle Crossing by a Contractor NOT AUTHORISED to Work without Supervision Application Form



APPLICATION FOR CONSTRUCTION OF VEHICLE CROSSING BY A CONTRACTOR NOT AUTHORISED TO WORK WITHOUT SUPERVISION

Details of Owner/Applicant

Name of Owner/ Applicant	
Mailing Address	
Phone	Fax
Email	

Details of Vehicle Crossing Site

Street Address		
Town		
Lot No.	DPS No.	
Construction Type Drawing No. <input checked="" type="checkbox"/> tick applicable		
<input type="checkbox"/> 3000-2-A	<input type="checkbox"/> 3000-3-A	<input type="checkbox"/> 3000-4-A
<input type="checkbox"/> 600-211D	<input type="checkbox"/> 3000-6-A	<input type="checkbox"/> 3000-7-A

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)
- Vehicle Crossing Site Specific Safety Plan or SHE Contractor Number: _____
(The plan is available to download and complete on the TCDC website: www.tcdc.govt.nz/Our-Services/Transport-Roads-and-Road-Safety)
- Inspection fee attached (\$300.00 incl. GST - covers x 2 inspections)

I agree to book vehicle crossing inspections as per the Vehicle Crossing Request for Inspection Form
(available at www.tcdc.govt.nz/Our-Services/Transport-Roads-and-Road-Safety)

Signature	Date (DD/MM/YYYY)
-----------	-------------------

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

Inspection or supervision is required when the individual constructing the vehicle crossing is not authorised to work without supervision.

Requests for an inspection can be made by completion of the Vehicle Crossing Request for Inspection Form (submit five working days before pour).

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

RECEIPT CODE	RECEIPT NUMBER	Valid for 12 months
1ST INSPECTION INSPECTED BY	DATE OF INSPECTION	
2ND INSPECTION INSPECTED BY	DATE OF INSPECTION	

COMMENTS

I verify that the vehicle crossing has been constructed according to TCDC Specifications.

Signature	Date (DD/MM/YYYY)
-----------	-------------------

Vehicle Crossing Sketch Plan

Please note the location of services from driveway:
catchpits, street lights, service poles, street signs,
service covers, fire hydrants, trees etc.

Existing services should be avoided if possible.

Services in the driveway must be re-levelled so as to be
flush with the new surface

Boundary

Boundary

PROPERTY

A

B

C

LEFT

RIGHT

To the left is a generic drawing of a property with an entranceway to the road.

Provide the following information for **your**
new entranceway:

A = _____ meters

B = _____ meters

C = _____ meters

Closest intersection to the **right**:

Closest intersection to the **left**:
