

Crossover Application Form

Applicant Name & Contact Information

Building Permit No: _____

Land Owners Name:	_____	
(APPLICANT)	(FIRST NAME)	(SURNAME)
Postal Address:	_____	
Phone No:	_____	Mobile No. _____
Email:	_____	

Property Address for Crossover Application

House No. _____	Lot No. _____	RSN: _____	LOCALITY: _____
Road/Street Name: _____			

Type of Crossover Standard Applying for (MINIMUM STANDARD CROSSOVERS AS PER COUNCIL POLICY No. WS7-CROSSOVERS)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">GRAVEL</td> <td style="text-align: center; font-size: small;">SEALED</td> </tr> <tr> <td>RURAL TYPE: 1 <input type="checkbox"/></td> <td>OR <input type="checkbox"/></td> </tr> <tr> <td>RURAL TYPE: 2 <input type="checkbox"/></td> <td>OR <input type="checkbox"/></td> </tr> </table>	GRAVEL	SEALED	RURAL TYPE: 1 <input type="checkbox"/>	OR <input type="checkbox"/>	RURAL TYPE: 2 <input type="checkbox"/>	OR <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>URBAN TYPE: 1.a. <input type="checkbox"/></td> <td>OR 2.a. <input type="checkbox"/></td> </tr> <tr> <td>URBAN TYPE: 1.b. <input type="checkbox"/></td> <td>OR 2.b. <input type="checkbox"/></td> </tr> <tr> <td>URBAN TYPE: 1.c. <input type="checkbox"/></td> <td>OR 2.c. <input type="checkbox"/></td> </tr> </table>	URBAN TYPE: 1.a. <input type="checkbox"/>	OR 2.a. <input type="checkbox"/>	URBAN TYPE: 1.b. <input type="checkbox"/>	OR 2.b. <input type="checkbox"/>	URBAN TYPE: 1.c. <input type="checkbox"/>	OR 2.c. <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>COMMERCIAL TYPE: 1.d <input type="checkbox"/></td> <td>OR 2.d <input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL TYPE: 1.e <input type="checkbox"/></td> <td>OR 2.e <input type="checkbox"/></td> </tr> <tr> <td>COMMERCIAL TYPE: 1.f <input type="checkbox"/></td> <td>OR 2.f <input type="checkbox"/></td> </tr> </table>	COMMERCIAL TYPE: 1.d <input type="checkbox"/>	OR 2.d <input type="checkbox"/>	COMMERCIAL TYPE: 1.e <input type="checkbox"/>	OR 2.e <input type="checkbox"/>	COMMERCIAL TYPE: 1.f <input type="checkbox"/>	OR 2.f <input type="checkbox"/>
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COMMERCIAL TYPE: 1.f <input type="checkbox"/>	OR 2.f <input type="checkbox"/>																			

Contractors Details for Crossover Application

Contractors Company Name: _____	Contact Name: _____
Contact Phone No: _____	

Sub-division

Does this application form part of a sub-division application or condition? YES or NO

Plan of Proposed Crossover Size and Location

SKETCH PLAN OF BLOCK SHOWING PROPOSED CROSSING TO THE PROPERTY (Attach any additional information on a separate page)

* SHOW CROSSING WIDTH (Minimum width at property boundary as per Policy WS.7 - Crossovers)

* SHOW DISTANCE FROM SIDE BOUNDARY (Minimum distance 1m)

Applicants Declaration

I/We wish to apply to construct a crossover as per this application. I/We understand that the crossover must be constructed in accordance with Council's Policies and to the satisfaction of the Shire of Bridgetown-Greenbushes.

Inspections must be arranged to ensure compliance with Council policy WS.7 - Crossovers. Failure to arrange required inspections may result in non-payment of any applicable crossover contribution.

Applicants Signature: _____ Date: _____