

Residential Vehicle Crossover Application Form

(Pursuant to Section 221 of the Local Government Act 1999)



Applicant Details			
Title: (please circle)	Mr Mrs Miss Ms Dr Other (please specify)		
Given Name:			
Family Name:			
Email:			
Postal Address:			
Suburb:		Post Code:	
Phone Number:		Mobile:	

Property Location			
Unit Number:		Street Number:	
Street Name:			
Suburb:		Post Code:	

Is there a Planning / Building application associated with this driveway crossover application:

No Yes Development Application Number 361 / _____ /20___/ ____

The purpose of the new driveway is to:

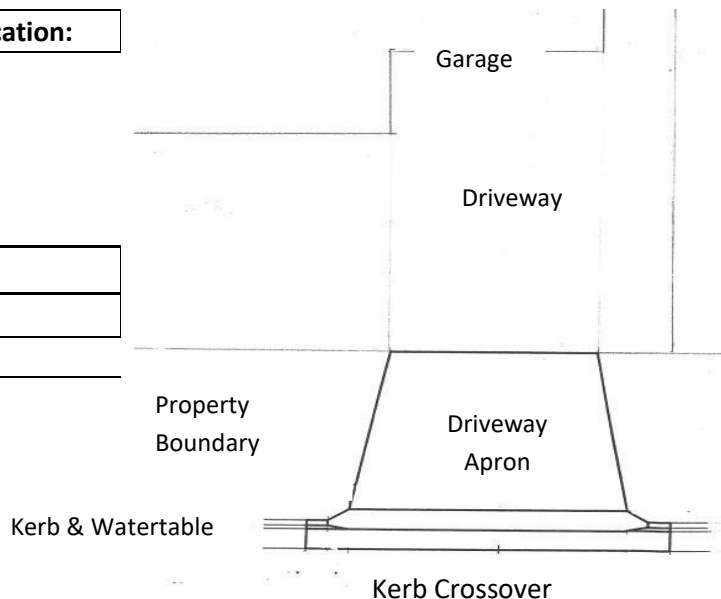
- Create a driveway access to a new property
- Create a second driveway access
- Make an existing driveway wider
- Move driveway access and remove the old driveway access

Other: (Please explain) _____

Please indicate the extent of this application:

Kerb crossover only

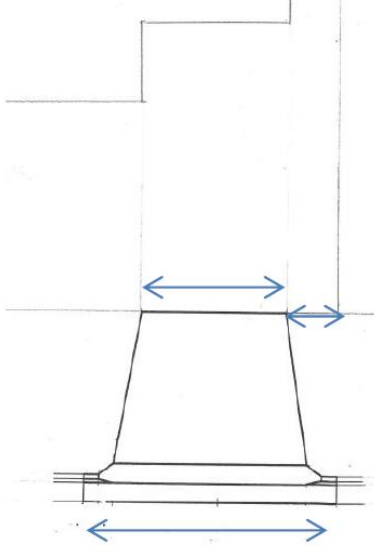
Other (please specify)



Site Plan (showing location and dimensions of driveway on property)

Plan Requirements	<ul style="list-style-type: none"> • Location of driveway in relation to the property boundaries. • Dimensions of the driveway. • Any existing stormwater pits, street lights, stobie poles, pram ramps or service pits. • Location of any trees within 5m of the proposed driveway.
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*Please Note: Driveways must be greater than 1m from Stobie/Light Poles.
 Driveways must be greater than 1m from Infrastructure i.e. Side Entry Pits (SEP's).
 Driveways must be greater than 2.5m from any Trees and/or Shrubs. An application can be done to remove Trees and/or Shrubs at Applicants expense*

 <p style="text-align: center; border: 1px solid black; display: inline-block; padding: 2px;">Example Only</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Draw plan here or attach additional pages</div>
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Supporting Comments

Declaration

I have read and understood the information provided with this application form, and request for the City of Salisbury to assess this Vehicle Crossover application.

Signature of Applicant: _____ Date: / /

Office Use Only

Approved / Refused Name of Delegated Officer: _____

Signature of Delegated Officer: _____

- | | |
|--|-------------------|
| <input type="checkbox"/> Decision Letter sent to Applicant | Date: / / |
| <input type="checkbox"/> Crossover Inspected | Date: / / |
| <input type="checkbox"/> Registered in EDMS | Date: / / |