Residential Vehicle Crossover
Application Form
(Pursuant to Section 221 of the Local Government Act 1999)

Applicant Details	
Title:	Mr Mrs Miss Ms Dr Other (please specify)
Given Name:	
Family Name:	
Email:	
Postal Address:	

Suburb:		**Post Code:**	
Phone No.:		**Mobile No.:**	

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 _____

Is this a Res-Code Application?   ☐ No   ☐ Yes
SA Planning Portal Number   _____

The purpose of the new driveway is to:
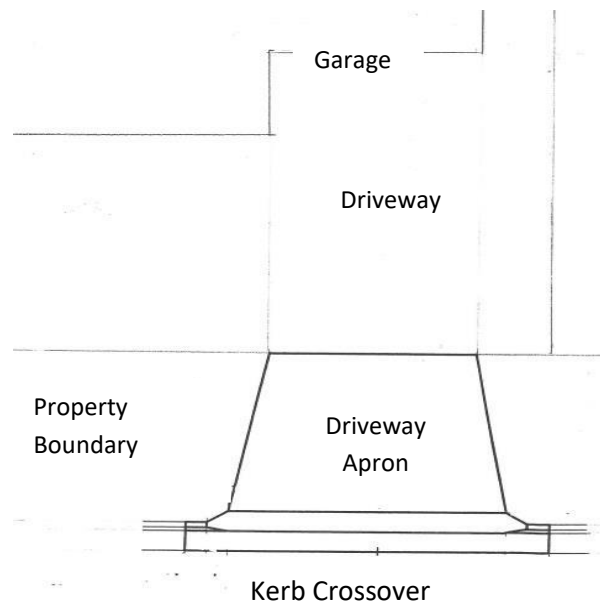
☐ Create a driveway access to a new property   ☐ Create a second driveway access

☐ Make an existing driveway wider   ☐ Move driveway access and remove

☐ Upgrade an existing Apron   the old driveway access

Other: (Please explain) _____

Please indicate the extent of this application:
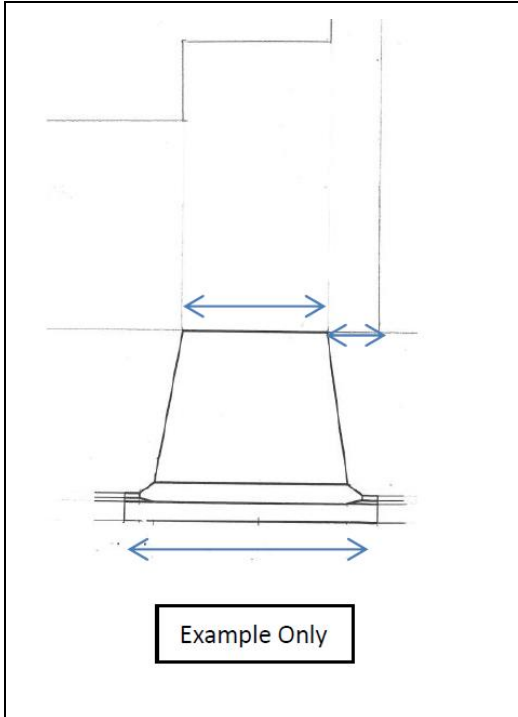
☐ Kerb crossover only

Other (please specify)

Garage

Driveway

Property
Boundary

Driveway
Apron

Kerb Crossover

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

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.

Draw plan here or attach additional pages

Example Only

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: _____

☐ Decision Letter sent to Applicant Date: /   /

☐ Crossover Inspected Date: /   /

☐ Registered in EDMS Date: /   /