

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:	<input type="text"/>
Family Name:	<input type="text"/>
Postal Address:	<input type="text"/>
Suburb:	<input type="text"/>
Post Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Mobile:	<input type="text"/>

Property Location	
Unit Number:	<input type="text"/>
Street Number:	<input type="text"/>
Street Name:	<input type="text"/>
Suburb:	<input type="text"/>
Post Code:	<input type="text"/>

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

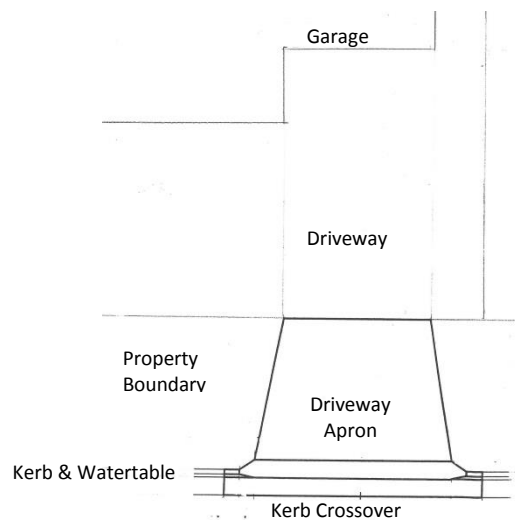
No Yes Development Application Number 361 / _____ / 20__ / ____

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
- Concrete driveway apron only
- Kerb crossover AND concrete driveway apron
- Other (please specify)



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.

Example Only

Draw plan here or attach additional pages

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: _____