APPLICATION TO   
CONSTRUCT A VEHICLE CROSSING

d Compliance Certificate

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| **COUNCIL USE ONLY** |
| SR Number: |
| Valuation Number: |
| GL: 99706982 Deposit - 99706994 Refund |

Send or deliver your application to:

Access and Transport  
Kāpiti Coast District Council   
Private Bag 60601, Paraparaumu 5254  
175 Rimu Road, Paraparaumu 5032

Telephone 04 2964 700 - Facsimile 04 2964 830 - Toll Free:0800 486 486

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| **THE PROPERTY** | | | |
| **Street Address** of proposed vehicle crossing: | Number and Street name: |  | |
| Suburb |  | Post Code: |

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| **THE OWNER** | | | | | |
| **Name of Owner:** | | |  | | |
| Mailing Address / Registered Office: □ Same as street address above, or as noted below: | | | | | |
| Number and Street name: | |  | | | |
| City: | |  | | | Post Code: |
| Phone: | Home: | | | Mobile: | |
| Work: | | | Fax: | |
| Email Address: | | | | | |

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| **AGENT** (Only required if application is being made on behalf of the owner) | | | | | |
| **Name of Agent:** | |  | | | |
| **Agent’s Address** | | Number and Street name: |  | | |
| City: |  | | Post Code: |
| Phone: | Daytime: | | | Mobile: | |
| Landline: | | | Fax: | |
| Email Address: | | | | | |

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| **SIGNATURES** | |
| **Signature of Owner/Agent:** | |
| Name: |  |
| Signature: |  |
| Date: |  |

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| **POSITION OF VEHICLE CROSSING** |
| * Please provide a sketch plan or attach an architect’s/engineer’s site plan or similar that shows all the property boundaries to scale. * Please show the proposed vehicle crossing location relative to the side boundaries, complete with dimensions. Also show the location of other features that may affect the proposed location of the vehicle crossing including: water meter location, trees, power lines, street lights, transformers, drainage pits and manholes, redundant vehicle crossings etc. * Please attach any additional pages. |
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| **ATTACHMENTS** |
| **The following documents are attached to this application:** |
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