

APPLICANT CHECKLIST

VEHICLE CROSSOVERS

- Proof of \$10m Public Liability Insurance
- Signature of Property Owner and/or Contractor
- Contractor details supplied

N.B. Formwork inspections are to be booked in 24 hours prior, or before 11.00am for same day PM inspections.

The Application Number MUST be given when booking in an inspection.

The final approval will be automatically carried out 14 days after a satisfactory formwork inspection. It is expected that after 14 days all backfilling etc. will have been carried out to Council's satisfaction, and if any additional inspections are required, a cost of \$45.00 per inspection will be applicable.

Council reserves the right to refuse the receipt of applications from Contractors who have not supplied details or have outstanding issues from previous vehicle crossings.

** This information pack is available on our website at: www.penrithcity.nsw.gov.au **

PENRITH CITY COUNCIL VEHICLE CROSSOVER APPLICATION - 2012/13

ROADS ACT 1993

Residential (Owner Occ., Dual Occ.)	Medium Density (Units, Townhouses		ercial/Industrial
\$130 Each Entry (GST Inclusive)	\$260 Each Entry (GST Inclusive)		Each Entry C
I, <u>Lend Lease</u> (Owner's Name – please print)	PhoneNo. 8	016 6500
of <u>Car Jardan Springs</u> B (Owner's Current address)	Ivd + Lake	side Polepo	stcode 27 4 7
(Owner's Current 'address) Wish to install a:			
Footpath Crossing Layback	Footpath	Dish Crossing ☐	Pipe Crossing
For my property at: Lot 2139 Mouro	s Way	Suburb <u>Jov</u>	dan sprine
D.A. No. (if appl.): Type of F	inish: Plain 🖭	Stencil/C	coloured □
(Stamped, Exp	osed Aggregate and	l Pebblecrete driveway	s are <u>NOT permitted</u>)
I acknowledge that:-			
If the vehicular crossing is constructed in material other than plain of the standard of	erial other than plain goncrete.	rey concrete, Council wi	I not be responsible for
2. I am aware Council will not be responsible for any Public Risk Claims for accident or otherwise, arising from an incorrectly installed vehicular crossing.			
3. I am responsible for contacting DIAL BEFORE YOU DIG 1100 for the location of other authorities services.			
4. The proposed surface is to be non-slip finish to co	mply with AS/NZS 4663	3.2002; AS/NZS 4586.1999	9; AS/NZS 3661.2.1994.
Work will be carried out by: Owner □	Contractor I	Y	
Contractor's Name outback Landscapinicence No 126730c Mobile No 0408 238 03			
Contractor's Address: 38 Greens bore	The state of the s		
	9	14111	de. <u>2 7 3 0 </u>
 I understand that I am to observe the following conditions: I am responsible for protection of the Public during construction (barricades, safe lanes etc.) and for all damage caused to 			
any Public Utility by the construction of the crossing.			
2. I am to book an inspection with Council's Engineering Co-ordinator by telephone (02) 4732 7562 twenty four (24) hours prior to the required inspection time, or prior to 11am for the same day afternoon inspections (Mon to Frid), QUOTING THE APPLICATION NUMBER (on payment of this application, the number will be noted below).			
3. For work which is not formed up and ready to pour at the requested time of Inspection, which is not cancelled prior to the Inspection, an additional charge of \$64.00 will apply.			
4. This application is only valid for 12months from re	ceipt date.		
Contractor's Sig Date: Date:	Owners' S	Sig. <u>see attach</u>	<u>ed</u> Date: <u>20·6·</u> /3
Application No Receipt No	Amount	\$ Date F	aid
All Credit Card Payments attract a service fee of 0.6%			
Credit Card Payments: Card Type: MC / BC / Visa Credit Card No:			
Exp. Date: Nar			1 1
First Inspection Final			· · · · · · · · · · · · · · · · · · ·
Signature First Inspection Certificate No			