

PENRITH CITY COUNCIL

VEHICLE CROSSOVER APPLICATION - 2012/13

ROADS ACT 1993

Residential
(Owner Occ., Dual Occ.)
\$130 Each Entry
(GST Inclusive)

Medium Density
(Units, Townhouses)
\$260 Each Entry
(GST Inclusive)

Commercial/Industrial
\$260 Each Entry
(GST Inclusive)

I, EDGEWATER HOMES PhoneNo. 02 8602 6111
(Owner's Name - please print)

of PO BOX 269 ST MARTS Postcode 2760
(Owner's Current address)

Wish to install a:

Footpath Crossing Layback Footpath Dish Crossing Pipe Crossing

For my property at: LOT 1279 LAKESIDE PARADE Suburb JORDAN SPRINGS

D.A. No. (if appl.): _____ Type of Finish: Plain Stencil/Coloured

(Stamped, Exposed Aggregate and Pebblecrete driveways are NOT permitted)

I acknowledge that:-

1. If the vehicular crossing is constructed in material other than plain grey concrete, Council will not be responsible for restoration or repairs in material other than plain concrete.
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 comply with AS/NZS 4663.2002; AS/NZS 4586.1999; AS/NZS 3661.2.1994.

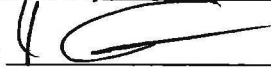

Work will be carried out by: Owner Contractor

Contractor's Name AAITS CONCRETE Licence No 208195C Mobile No 0413 337 489

Contractor's Address: 7 YORKSHIRE PLACE CATHERINE FIELDS Postcode: 2560

I understand that I am to observe the following conditions:

1. 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 Fri), **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 12 months from receipt date.

Contractor's Sig  Date: 27-3-13 Owners' Sig.  Date: 27-3-13
(Person Carrying Out Construction)

Application No. _____	Receipt No. _____	Amount \$ _____	Date Paid _____				
All Credit Card Payments attract a service fee of 0.6%							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Credit Card Payments: Card Type: MC / BC / Visa</td> <td style="width: 50%;">Credit Card No: _____</td> </tr> <tr> <td>Exp. Date: _____</td> <td>Name on card: _____</td> </tr> </table>				Credit Card Payments: Card Type: MC / BC / Visa	Credit Card No: _____	Exp. Date: _____	Name on card: _____
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Exp. Date: _____	Name on card: _____						
First Inspection _____		Final Approval _____					
Signature _____		Not Ready _____					
		First Inspection Certificate No. _____					