

# VEHICLE CROSSOVER APPLICATION 2013-14

<b>Residential</b> (Owner Occ, Dual Occ) \$123 <input checked="" type="checkbox"/>	<b>Medium Density</b> (Units, Townhouses) \$245 <input type="checkbox"/>	<b>Commercial/Industrial</b> \$245 <input type="checkbox"/>
I <u>ST MARYS LAND LTD .</u>		Phone _____
(Owner's Name please print)		
of <u>PO BOX 1124, ST MARYS</u>	Postcode <u>1124</u>	
(Owner's Current Address)		
Wish to install	Footpath Crossing <input checked="" type="checkbox"/>	Layback <input checked="" type="checkbox"/> Footpath <input type="checkbox"/>
	Dish Crossing <input type="checkbox"/>	Pipe Crossing <input type="checkbox"/>
For my Property at <u>LOT 2327, ELIMATTA AVE</u>	Suburb <u>JORDAN SPRINGS</u>	
DA/CDP No _____	Type of Finish	Plain <input type="checkbox"/> Stencil/Coloured <input checked="" type="checkbox"/>
<b>Stamped, Exposed Aggregate and Pebblecrete driveways are NOT permitted.</b>		
I acknowledge that:		
1. If the vehicular crossing is constructed in material other than plain grey concrete, Council will not be responsible for the restoration or repairs in material other than plain concrete. 2. I am aware that 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 <b>DIAL BEFORE YOU DIG 1100</b> for the location of other authorities services. 4. The proposed surface is to be non-slip finish to comply with AS/NZS 4586.1999; AS/NZS 3661.2.1994		
Work will be carried out by	Owner <input type="checkbox"/>	Contractor <input checked="" type="checkbox"/>
Contractor's name <u>Outback</u>	Licence no. <u>126730C</u>	Mobile no. <u>0408 238032</u>
Contractor's address <u>38 Greensborough Ave, Rouse</u>	Postcode _____	
I understand that I am to observe the following conditions: <u>Hill.</u>		
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), <u>Quoting the application number.</u> 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 will apply. 4. This application is only valid for 12 months from receipt date.		
Contractor's signature _____	Date	/ /
Owners signature <u>see attached.</u>	Date	/ /
<b>CREDIT CARD PAYMENTS (All credit card transactions attract a surcharge of 0.6%)</b>		
Card Type	MC / VISA	
Name on Card	_____	
Card No.	- - - - -	
Signature _____	Expiry	/
<b>OFFICE USE ONLY</b>		
Application No _____	Receipt No _____	
Amount \$ _____	Date _____	
First Inspection _____	Final Approval _____	
First Inspection No. _____	Not Ready _____	
Signature _____		
Penrith City Council Civic Centre, 601 High Street, Penrith 2750 - PO Box 60, Penrith NSW 2751 Phone (02) 7777 7777 - Fax (02) 7951 7951 - Email council@penrith.nsw.gov.au - 1300 77 Penrith		