

Vehicle Crossover Application 2013/14

ROADS ACT 1993

Residential <input checked="" type="checkbox"/> (Owner Occ., Dual Occ.) \$123 Each Entry (No GST)	Medium Density <input type="checkbox"/> (Units, Townhouses) \$245 Each Entry (No GST)	Commercial / Industrial <input type="checkbox"/> \$245 Each Entry (No GST)
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I, Thi Tuong Phan and Van Dang Ton PhoneNo. 0414 442 901
 of 387 old Northern Road, Castle Hill Postcode 2154
(Owner's Name - please print)
(Owner's Current Address)

Wish to install a:

Footpath Crossing Layback Footpath Dish Crossing Pipe Crossing

For my property at: 19 SYDNEY SMITH DRIVE Suburb PENRITH

D.A. No. (if appl.): 12/1264 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 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 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 Platinum Patterned Concr Licence No 252769C Mobile No 0418 615 420
 Contractor's Address 5 Rutar Place, Abbotsbury NSW Postcode 2176

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 an 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 Sig [Signature] Date 05/12/13 Owners Sig see attached Date 05/12/13
(Person Carrying Out Construction)

Application No. _____	Receipt No. _____	Amount \$ _____	Date Paid _____
All Credit Card Payments attract a service fee of 0.6%			
Credit Card Payments: Card Type: MC / BC / Visa		Credit Card No: _____	
Exp. Date: _____		Name on card: _____	
First Inspection _____	Final Approval _____	Not Ready _____	
Signature _____	First Inspection Certificate No. _____		