

Application for a Crossover

Assessment No.

PROPERTY DETAILS

House/Street No. _____ Lot No. _____ Street Name: _____

Lot is Vacant Existing Building on site

OWNER DETAILS

Name: _____

Postal Address: _____ P/code: _____

Phone: _____ Mobile: _____

Email: _____

Contact person for correspondence: _____

Signature: _____ Date: _____

CROSSOVER DETAILS

Please indicate the type of crossover that is required/existing:

New Alteration Replacement Existing

Please indicate the type of finishing proposed:

Concrete* Asphalt Paving Sealed Gravel

Plan or plans to a scale of not less than 1:500 showing location of the site including street name, lot numbers, north point and the dimensions of the site

***Note:** Once the Shire has issued approval for the site of the crossover, the base of all concrete crossovers with all reinforcement and plastic membrane in place must be inspected two (2) days prior to the concrete being poured. The owner **MUST** contact the Shire of Toodyay to arrange inspection.

OFFICE USE ONLY

Eligible for a Council's Crossover Contribution:

- Gravel (\$250.00)
 Bitumen, concrete, paving (\$700.00)

Crossover Bond \$ _____ Receipt No. _____

Date received: _____

