APPLICATION FOR VEHICLE CROSSOVER- Commercial & Residential





Applicant's details

7 ipplioditi o dotalio			
Name			
Applicant's address			
Telephone	Mobile	Fax	

Owner's Name				
Telephone	Mobile	Fax		
Location/address of the proposed crossover				

Contractor's details

Name			
Contractor's address			
Telephone	Mobile	Fax	
Insurance details			
Insurance company			
Certificate of Currency			
Copy Attached	Yes	No	

Contractor/owner shall

- a) Attach a plan or sketch showing location and type of the crossover.
- b) Pay an application fee as per Town's annual fees and charges.
- c) Contact Dial Before You Dig or utility service providers and locate services.
- d) Design proposed crossover as per Town of Port Hedland Crossover Specifications and seek approval prior to commencement of construction.
- e) Phone Technical Officer on 9158 9700 and arrange inspections (24hrs notice required).

OFFICE USE ONLY

Public Liability Insurance				
Traffic Management Accreditation				
Location		Approved / Not Approved		
			Date	Signature
Amendments required				
Drainage components approved				
Final inspection after completions				
Subsidy	Approved	Not Approved		