**Applicant’s details**

|  |
| --- |
| 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**

1. Attach a plan or sketch showing location and type of the crossover.
2. Pay an application fee as per Town’s annual fees and charges.
3. Contact Dial Before You Dig or utility service providers and locate services.
4. Design proposed crossover as per Town of Port Hedland Crossover Specifications

and seek approval prior to commencement of construction.

1. 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 |  |  |