

APPLICANT DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

(*Mandatory field– if these details are not completed in full your application cannot be actioned)

Applicant Name: Address for correspondence:			
*Home/Work Telephone: _		Mobile:	
Signature:		Date:	
CROSSING DETAILS			
I hereby apply to have a v	ehicle crossing:		
□ Installed	□ Altered		□ Walled Up
(tick as required)			
*Location:			
*Type of crossing:			
☐ Residential	☐ Commercial		☐ Industrial
(tick one)			
*Completed width of Cross (Minimum width 3.5m – maximum 6			
Resource consent/Building (if applicable)	consent number:		

NOTES

*Please also provide a sketch showing position of proposed crossing in relation to a boundary or other given point with this application.

This form is to be completed by the applicant and approved by Nelson City Council prior to engaging Vehicle Crossing Installer.

Applicant to engage an approved installer and pay all costs associated with approved work including removal of surplus vehicle crossing.

The prescribed application fee of \$129.00 (inc. GST) shall be paid on lodgement of this application form. (This covers application and inspection).

This application will lapse six months from the date on the form.

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