

Crossover Application

PROPERTY DETAILS

House/Street No: _____ Assessment No.: _____

Location No: _____ Lot No: _____ Street Name: _____

Lot is vacant

Existing Building on site

OWNER DETAILS

Full Name: _____
(include Title, initials and surname of the person)

Postal Address: _____

Phone (H): _____ (M): _____ (W): _____

Email: _____

Owner 1 Signature: _____ Date: _____

Owner 2 Signature: _____ Date: _____

CONTACT PERSON for correspondence *(if different from owner)*

Full Name: _____
(include Title, initials and surname of the person making this request)

Business Name: _____ ABN: _____
(include if application is on behalf of organisation)

Postal Address: _____

Contact Phone: _____ Email: _____

Contact 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

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

Plans attached

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.

OFFICE USE ONLY

Eligible for a Council's Crossover Contribution: Gravel (\$400.00) Bitumen, concrete, paving (\$1,000.00)

Crossover Bond \$: _____ Receipt No: _____

Date received: _____



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