

Application to Install a Vehicle Crossing

To: Otorohanga District Council, PO Box 11, Otorohanga 3940
Phone: 0800 734 723 | Fax: 07 873 4300 | Web: www.otodc.govt.nz | Email: info@otoidc.govt.nz

For office use only:		
Date received:	Property ID:	Receipt Number:
Location of required crossing:		
Street name and number:		
Legal description:	Lot(s)	DP/S
Is the application part of a land	use or subdivision consent?	
Yes 🗌	Consent number:	No □
The Agent or Owner		
Name of Agent or Owner		
Address (inc. postcode)		
Phone number		Email Address:
The Contractor		
The Contractor		
Name of Contractor:		Contact Person:
		Contact Person:
Name of Contractor:		Contact Person:
Name of Contractor: Mailing address: Email address:		
Name of Contractor: Mailing address:		
Name of Contractor: Mailing address: Email address: Type of crossing Type of crossing:	Residential	
Name of Contractor: Mailing address: Email address: Type of crossing	Residential	
Name of Contractor: Mailing address: Email address: Type of crossing Type of crossing:	Residential	Commercial
Name of Contractor: Mailing address: Email address: Type of crossing Type of crossing: (Tick whichever are appropriate)	Residential Poly New	Commercial Upgrade of existing
Name of Contractor: Mailing address: Email address: Type of crossing: (Tick whichever are appropriate) If the entrance is going to be re-	Residential P) New Relocation Ilocated, will the existing entrance	Commercial Upgrade of existing C

Apply onContact (-line at <u>submitica</u>	a.co.nz es and service pro	Traffic Managemo		
NGINEER'S NOT		OR OFFICE USE ON	NLY		
NGINEER 5 NOT	E3				
					-
LHS Distance (m) Speed (km/hr)		RHS Distance (m) Speed (km/hr)		SEPARATION Distance (m) Speed (km/h	
Distance (III)	Speed (km/hr)	Distance (III)	Speed (KIII/III)	Distance (m)	эреец (кт/п
nspection Date:	pection Date: Application approved? Yes		No		

Attach site plans or provide a sketch of the property with the location of the proposed entranceway