

Vehicle Crossing Permit Application Form

1. Applicant Details							
Applicant's Name/s:							
Applicant 3 Name/3.							
The applicant must be the owner of the land, or the leaseholder, or a person who has agreed either conditionally or unconditionally to purchase the land or any leasehold.							
Mailing Address:							
Phone Number/s:							
Email Address:							
Site Location Address:							
Legal Description:							
Valuation Number:							
District Plan Zone:							
Agent's Name, Mailing Address & Contact Details if applicable:							
Name, Mailing Address & Contact Details of Person/Contractor constructing the vehicle crossing:							
2. Vehicle Crossing Information Required							
Road Name:							
□ Urban	□ Rural	Legal Speed Limit:					
□ Sealed with kerb & Channel	☐ Sealed with no kerb & Channel	☐ Metalled (only applicable to unsealed roads)					
Existing Footpath on same side of road?	☐ Yes ☐ No If yes, describe surface (e.g. concrete / chip seal / metal):						

Intended Vehicle Crossing Use:								
□ Residential	□ Farm		□ Commercial					
□ Other (Please specify)								
Number of properties served by If more than one, provide legal of other properties.								
Include a site plan showing location of proposed vehicle crossing in relation to property, legal boundaries, and easements (if any) and any adjacent vehicle crossings or road intersections. Show stormwater drainage paths along the road and to or from the property at the proposed vehicle crossing.								
Is there already an existing crossing provided for the property? Yes No If yes, then clearly identify the existing crossing on the site plan and advise whether it is to be removed or retained.								
Type of Crossing Proposed (see attached)								
FNDC/S/2 Residential & Com	FNDC/S/2 Residential & Commercial (kerbed roads)				Double			
FNDC/S/6 Residential vehicle	ed roads)	Single		Double				
FNDC/S/6B Domestic Crossing	kerbed road)	Single		Double				
FNDC/S/6D Farm/Commercial		Single		Double				
Is a temporary crossing require	If yes, please	□ No blease clearly identify the location of the temporary crossing site map and include proposal for reinstatement.						
Other Considerations:								
Will all vehicle movements comply with District Plan Rule 15.1.6A.3.1?		If not, has	☐ Yes ☐ No If not, has a resource consent been applied for? ☐ Yes ☐ No RC Number:					
Is it necessary to construct the crossing over an adjacent property?		If yes, the	☐ Yes ☐ No If yes, then written approval from the affected landowner(s) is required.					
Is this Vehicle Crossing application linked to a resource consent? (If the vehicle crossing is a condition of the Resource Consent and does not specify making an application for a vehicle crossing, then this form is not required.)		Resource (attach con	☐ Yes ☐ No Resource consent number: (attach copy)					

3. Checklist (please tick the box if information is provided)							
Does the application include a drawings requested above?	all details and	□ Yes (must be included)					
Does the application include free schedule shown below	the appropriate fee?	□ Yes (must be included)					
Current Record of Title including Title Plan (Less than 6 months old)		□ Yes (must be included)					
Vehicle Crossing Fee Sche	dule 2023-24:						
Vehicle crossing application a Pre-pour and Final Inspection. All r	\$700.00						
Vehicle crossing inspection fe	\$200.00 (per inspection)						
Re-application fee for expired permits			\$77.00				
4. Applicants Payment/Sign	nature						
Method of payment:	□ Bank Deposit □ E Reference if Bank De	Eftpos (Office to fill in below) eposit:					
Amount Paid:							
Date Paid:							
Name (please print): □ Applicant □ Agent							
Signature:							
Date:							
Send correspondence to:	□ Applicant □	Agent					
Office Use Only							
Receipt Number:							
Date:							
Application Number:							