Te Kaunihera o Te Hiku o te Ika
Far North District Council

Office Use Only
Application Number:

Vehicle crossing permit request

What kind of vehicle crossing permit are you applying for?

◯ **Sealed Vehicle Crossing**

◯ **Unsealed Vehicle Crossing**

PLEASE NOTE: there is a charge for each on these. Please consult our fees and charges at **www.fndc.govt.nz/Services/Fees-and-charges-PDF** *or scan this QR code:*

1. Appicant details

Name

Organisation

Postal address
(or alternative method of service under section 352 of the Act)

Postcode

Email

Phone (day)

2. Site details

Owner

Site address

Postcode

Legal description

Valuation number

District Plan zone

3. Agent details

Name

Organisation

Postal address
(or alternative method of service under section 352 of the Act)

Postcode

Email

Phone (day)

4. Contractor details

Please enter details of the contractor being used to carry out work on the crossing:

Person/contractor

Postal address

Postcode

Phone

Email

5. Vehicle crossing information (*required*)

Road name

◯ Urban ◯ Rural ◯ Sealed with kerb & channel

◯ Sealed with no kerb & channel ◯ Metalled *(only applicable to unsealed roads)*

Will the vehicle crossing be installed where there is a footpath? ◯ Yes ◯ No

If yes, describe surface (e.g. concrete / chip seal / metal):

6. Intended vehicle crossing use

Road name

◯ Residential ◯ Farm ◯ Commercial

◯ Other *(please specify):*

☐ Number of properties served by crossing. If more than one, provide legal descriptions of other properties:

Please provide a detailed site plan that includes the following:

1. **Vehicle Crossing Location**
   Show the proposed vehicle crossing in relation to:
   - Legal boundaries
   - Any easements (if applicable)
   - Adjacent vehicle crossings
   - Nearby road intersections
2. **Stormwater Drainage**
   Indicate stormwater drainage paths along the road and to/from the property at the proposed vehicle crossing.
3. **Compliance with Design Standards**
   Demonstrate that the drawing considers the following sheets:
   - **Sheet 4:** Traffic Sightlines for Vehicle Entrances
   - **Sheet 22:** Vehicle Crossing Notes
   - **Sheet 23:** Vehicle Crossing – Maximum Graded Profiles for Urban/Rural Properties
4. **Attachment:** Attach the completed site plan to your application.

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.

7. Type of crossing proposed *(see attached)*

Sheet 18	Vehicle Crossing – Residential		◯ Single	☑ Double
Sheet 19	Vehicle Crossing – Commercial/ Industrial		◯ Single	☑ Double
Sheet 20	Alternative Vehicle Crossing		◯ Single	☑ Double
Sheet 21	Vehicle Crossing – Rural		☑ Single	◯ Double
Is a temporary crossing required?		◯ Type 1A	◯ Type 1B	◯ Type 2

If yes, please clearly identify the location of the temporary crossing on the site map and include proposal for reinstatement.

8. Other considerations

Will the accessway comply District Plan Rule **15.1.6C.1.1** ?	◯ Yes	◯ No
Will all vehicle movements comply with District Plan Rule **15.1.6A.3.1**?	◯ Yes	◯ No
If not, has a resource consent been applied for? *Enter Resource Consent number here:*	◯ Yes RC#	◯ No
Is it necessary to construct the crossing over an adjacent property?	◯ Yes	◯ No
If yes, then written approval from the affected landowner(s) is required.	◯ Approval included	
Is this Vehicle Crossing application a condition of a Resource Consent? If yes, then a Vehicle Crossing Permit is not required. Please email: Planning_Technicians@fndc.govt.nz for next steps.	◯ Yes RC#	◯ No
Is the application on a state highway?	◯ Yes	◯ No
If yes, is it within an area under 70kmh? *If no, please apply through Waka Kotahi.*	◯ Yes	◯ No

Note: *Approval from NZTA will still be required for all crossings on to a State Highway, however FNDC standards can be applied where the speed limit is 70km/hr or less.*

9. Checklist *(please tick the box if information is provided)*

Does the application include all details and drawings requested above?	◯ Yes *(must be included)*
Does the application include the appropriate fee? Fee schedule shown below	◯ Yes *(must be included)*
Current Record of Title including Title Plan (Less than 6 months old)	◯ Yes *(must be included)*

10. Declaration concerning Payment of Fees

Method of payment: ◯ Bank deposit ◯ Eftpos ◯ Bank deposit **Ref:**

Amount paid: Date paid:

Bill payer: ◯ Applicant ◯ Agent

Name of bill payer

Signature of bill payer *(mandatory)* Date

Send correspondance to: ◯ Applicant ◯ Agent

Costs

Please note: that as per the 2025/26 Fees and Charges, any meeting booked in advance relating to a resource consent application will be billable. Actual and reasonable costs will be calculated based on the charge rate associated with the staff member(s) required to attend and for any research required prior to the meeting. This includes Pre-Application Meetings and Concept Development Meetings. Invoiced amounts are payable by the 20th of the month following invoice date.

Office use only

Receipt number: **Date:**