

Shire of Esperance

CROSSOVER APPLICATION



OWNER DETAILS (PLEASE PRINT IN BLOCK LETTERS)

NAME

POSTAL ADDRESS

CONTACT PHONE EMAIL ADDRESS

ARE YOU AS THE OWNER, COMPLETING CONSTRUCTION OF THE CROSSOVER? YES (Go to OWNER OR REPRESENTATIVE DECLARATION) NO (Go to CONSTRUCTION COMPANY)

CONSTRUCTION COMPANY (if applicable) (PLEASE PRINT IN BLOCK LETTERS)

NAME

POSTAL ADDRESS

CONTACT PHONE EMAIL ADDRESS

OWNER OR REPRESENTATIVE DECLARATION (PLEASE PRINT IN BLOCK LETTERS)

I being the owner/owner's representative hereby agree to construct the subject crossover in accordance with Council's Crossover Policy ASS 023.

Signature Date

CROSSOVER DETAILS (PLEASE PRINT IN BLOCK LETTERS)

CROSSING LOCATION PROPOSED DATE OF CONSTRUCTION
Lot / Street Number Street Suburb

CROSSOVER TYPE: (please cross) RESIDENTIAL COMMERCIAL / INDUSTRIAL RURAL BITUMEN SEAL CONCRETE PAVING BRICKS ASPHALT*
*Hotmix only available annually in February/March

SITE SKETCH (PLEASE PROVIDE DETAILS ON SKETCH TO ASSIST PROCESSING OF YOUR APPLICATION)

ADD MEASUREMENTS. IF THERE IS INSUFFICIENT SPACE, YOU MAY ATTACH ADDITIONAL PLAN/S

