



Vehicle Crossing Permit Application

Application No:
(Office use only)

Resource Consent No:
(only required if current RC exists subject to a VC permit)

Applicant/Owner Details

Name
Postal address
Contact telephone Email.....

Agent

Name
Postal address
Contact telephone Email.....

Send permit to: Owner Agent as noted above

Note: If agent is noted, then it is the agent's responsibility to pass all Council's correspondence, notices, certificate, etc. to the applicant as appropriate.

Site Location

Street/RAPID No Road name
Town or locality Valuation No
Legal description

Contractor Details

Name of person/firm constructing the crossing
Postal address
Contact telephone Email

A Corridor Access Request (CAR) with a Traffic Management Plan (TMP, prepared by a warranted Temporary Traffic Management (TTM) Planner, is required to be submitted through www.submitica.com for all work on the road corridor including vehicle crossings. Once the CAR is approved a Work Access Permit (WAP) will be issued.

Crossing Information Required

Location: Adjacent road is:.....

- Urban (S05) Rural (S06) Sealed with kerb & channel Sealed with no kerb & channel
 Metalled (*only applicable to unsealed roads*)

Intended Use

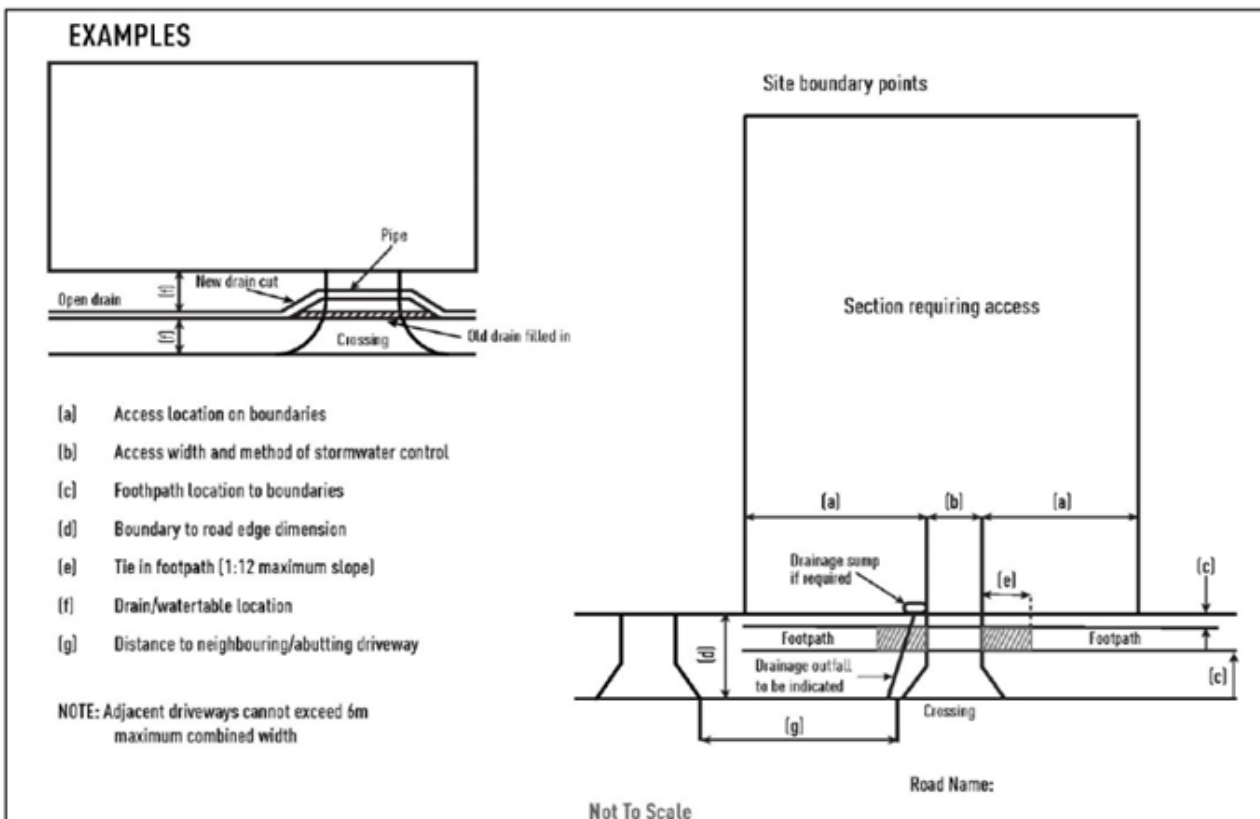
- Residential Commercial Other (*please specify*).....

Note: Application **will not** be accepted by Council if a plan is not attached for the **location** of your vehicle access.

Site Locality Plan (please refer to example below for required dimensions)

Road name:

Property Description:



The application fee must be paid before the permit can be processed.

If the property has a current resource consent of which the vehicle crossing is a part, the fee to be charged is \$190.00 (inc GST), the inspections will be billed separately. For all other applications, the fee is \$512.00 (inc GST) which includes the pre- and post-approval inspections.

For internet banking Council account number is:

- BNZ Dargaville: 02 0308 0090743 07

Alternatively, you can follow the link on Council’s website:

<https://www.kaipara.govt.nz/pay-it-online?token=MTYzNjY2NjYxOA>

Please use “VCA” and your name in the reference fields.

Signed by Owner/Agent: Date:

Office Use Only

Receipt number	Date:
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