

WAIMATE DISTRICT COUNCIL ROAD TECHNICAL UNIT

APPLICATION FOR CONSENT TO INSTALL VEHICLE ACCESS

Please read enclosed Vehicle Access Information before completing form

To Roading Manager Waimate District Council P O Box 122

Email: roading@waimatedc.govt.nz

| WAIMATE 7924 | | |
|--|-------------------|---|
| DETAILS OF APPLICANT | | |
| Applicants Name | | |
| Owners Name (If different from applicant | | |
| Postal Address | | |
| | | |
| Telephone No Mobile | Email | _ |
| LOCATION | | |
| Road Name | | |
| Rapid No | or Street No | |
| Please attach plan detailing rural location - | | |
| TYPE OF VEHICLE ACCESS - Kerb & Channel - Use Application for Kerb Crossing Form | | |
| Urban Residential no Kerb & Channel | Sealed Road | |
| Rural Residential Paddock Access | Metal Road | |
| Rural Heavy Traffic | | |
| VEHICLE ACCESS SIGHT DISTANCE (Rural) | | |
| Speed limit | km/hr | |
| Operating Speed Sight Distance Required | km/hr metres | |
| CULVERT DETAILS (Rural) | | |
| Diameter mm | Material | |
| Lengthm | | |
| SIGNATURE OF APPLICANT | | |
| DATE | | |
| Office use | | |
| Application Received | Site Inspected | |
| Site Distance | Culvert | |
| Consent Issued | _Access Compliant | |
| Special Conditions | | |