



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
WAIMATE

Email : roading@waimatedc.govt.nz

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 - Use Council Mapping System

TYPE OF VEHICLE ACCESS - Kerb & Channel - Use Application for Kerb Crossing Form

Urban Residential no Kerb & Channel	<input type="checkbox"/>	Sealed Road	<input type="checkbox"/>
Rural Residential	<input type="checkbox"/>	Metal Road	<input type="checkbox"/>
Paddock Access	<input type="checkbox"/>		
Rural Heavy Traffic	<input type="checkbox"/>		

VEHICLE ACCESS SIGHT DISTANCE (Rural)

Speed limit _____ km/hr
Operating Speed _____ km/hr
Sight Distance Required _____ metres

CULVERT DETAILS (Rural)

Diameter _____ mm Material _____
Length _____ m

SIGNATURE OF APPLICANT _____

DATE _____

Office use

Application Received _____ Site Inspected _____
Site Distance _____ Culvert _____
Consent Issued _____ Access Compliant _____

Special Conditions _____