



WAIMATE DISTRICT COUNCIL

ROAD TECHNICAL UNIT

APPLICATION FOR KERB CROSSING

To:
 Roading Manager
 Waimate District Council
 P O Box 122
WAIMATE

Email : roading@waimatedc.govt.nz

DETAILS OF APPLICANT

Applicants Name	_____	
Owners Name <i>(if different from applicant)</i>	_____	
Postal Address	_____	

Telephone No _____	Mobile No _____	
Email _____		

LOCATION OF KERB CROSSING

Street Name	_____
Street No	_____

CROSSING LENGTH

Type	Tick Type	Crossing Purpose eg. new house
Residential Single Crossing (Standard 4m long)	<input type="checkbox"/>	_____
Residential Double Crossing (Standard 6m long)	<input type="checkbox"/>	_____
Commercial Crossing	<input type="checkbox"/>	_____
Extend Existing Crossing	_____ m	_____

SIGNATURE OF APPLICANT

DATE

Office use

Application Received _____	Site inspection _____	
Type _____	Length _____	Price \$ _____
Pavement Type _____	Area _____	Price \$ _____
Ramp angle _____		Stormwater _____
Quote Sent _____	Quote Accepted _____	Contractor Tasked _____
Work Completed _____	Invoice Sent _____	