



CROSSOVER APPLICATION
(APPLICATION FEE OF \$100 PAYABLE – PAYMENT OPTIONS BELOW)

DATE _____

APPLICANT'S NAME _____

POSTAL ADDRESS _____

POSTCODE _____

TELEPHONE NO _____

ADDRESS OF CROSSOVER

PROPERTY LOT NO. _____ **HOUSE NO.** _____

STREET _____

LOCALITY _____

DESCRIPTION **NEW** **SECONDARY** **UPGRADE**

MINIMUM CROSSOVER STANDARD FOR AREA

Location Sketch

- Brick-pave Urban Area
 Concrete Urban Area
 Asphalt Urban or Rural Area
 Gravel Gravel Road Frontage only



Notes: _____

EFT DETAILS FOR OWNER : BSB

A/C NO.

OFFICE USE ONLY

Previous Contribution Yes No Maximum Contribution Available _____

INSPECTION DETAILS PRIOR TO CONSTRUCTION

Pipe / Culvert Yes No Pipe Size _____

2% Fall to Road Yes No

Spoon Drain Yes No

Location Suitable Yes No

Inspected by _____ Date _____

Notes _____

INSPECTION DETAILS AFTER CONSTRUCTION

Equal to, or greater than specification Yes No Inspected By _____

Compaction / surfacing satisfactory Yes No Date _____

Location and Shape satisfactory Yes No

Should Contribution be paid? Yes No

PAYMENT OPTIONS

Payment by: Visa Mastercard Cash / Cheque Amount: \$ _____

Card Holder Name: _____

Card Number:

Expiry Date: / **Signature: X** _____ **Date:** ___/___/___