



LOCAL GOVERNMENT (HIGHWAYS) ACT 1982

**APPLICATION TO CARRY OUT WORKS WITHIN A
COUNCIL ROAD RESERVATION**

This application form is to be completed as appropriate to this particular proposal. For driveway accesses, copies of drawings specifying minimum sight distance and geometric requirements are available and these are to be used when determining appropriate access locations.

Please note that the sight distance criteria are the minimum applicable for the speed environment on the Council road, while the construction standards may be varied depending upon site conditions. Please attach a detailed location plan showing existing features and buildings and the proposed works. Show distances from existing boundaries/fences. To enable assessment of this application please complete ALL details below

APPLICANT DETAILS

FULL NAME			
POSTAL ADDRESS		POSTCODE	
PHONE (BUSINESS HOURS)		FAX	
MOBILE		EMAIL	
EMAIL ADDRESS			

OWNERS DETAILS (IF DIFFERENT)*

FULL NAME			
POSTAL ADDRESS		POSTCODE	
PHONE (BUSINESS HOURS)		MOBILE	

LOCATION OF PROPOSED DEVELOPMENT

ADDRESS			
CERTIFICATE OF TITLE		LOT NUMBER	
CAR PARKING			
Number existing		Number proposed	

TYPE OF WORK TO BE UNDERTAKEN

(tick which is applicable)

<input type="checkbox"/> Construct a New Access	
<input type="checkbox"/> Reconstruct an Existing Access	
<input type="checkbox"/> Other Works (please specify)	

ACCESS TYPE

<input type="checkbox"/> Farm Access <input type="checkbox"/> Residential <input type="checkbox"/> Commercial / Industrial What type of vehicle will use the access? (please indicate at right)	
	No of Dwelling Units?
	How many vehicles will enter the site per day?
	<input type="checkbox"/> Cars <input type="checkbox"/> Utilities <input type="checkbox"/> Trucks <input type="checkbox"/> Buses <input type="checkbox"/> Semi-trailers <input type="checkbox"/> Other (please specify)

PLANNING APPROVAL

Has Council approval for the development / subdivision been obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of the planning permit attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE THERE ANY OTHER COMMENTS YOU WOULD LIKE TO SUBMIT IN RESPECT OF THIS APPLICATION?

PLEASE NOTE THAT NO WORKS ARE TO COMMENCE WITHIN THE COUNCIL ROAD RESERVATION UNTIL APPROVAL HAS BEEN GIVEN AND A PERMIT HAS BEEN ISSUED.

PRE-APPLICATION DISCUSSIONS*

HAVE YOU HAD PRE-APPLICATION DISCUSSIONS WITH A COUNCIL OFFICER? (If yes, please specify officers name, if known) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DECLARATION BY APPLICANT*

I/ we declare that the information given is a true and accurate representation of the proposed works; and
 I/ we am/ are liable for the payment of Council's application processing fees, even in the event of the works not proceeding; and
 I/ we authorise Tasman Council to provide a copy of my documents relating to this application to any person for the purpose of assessment and public consultation and agree to arrange for the permission of the copyright owner of any part of this application to be obtained.

SIGNATURE OF APPLICANT	
NAME OF APPLICANT (PLEASE PRINT)	
DATE	

DECLARATION IF APPLICANT IS NOT THE OWNER

I hereby declare that I am the applicant for the works at the address detailed in this application, and that I have notified the owner/s of the land for which I am making this application

SIGNATURE OF APPLICANT	
NAME OF APPLICANT (PLEASE PRINT)	
DATE	
NAME/S OF OWNER/S NOTIFIED	
DATE	

OFFICE USE ONLY

<p>Fees Applicable?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – existing planning permit application</p>		<p>Receipt No: _____</p> <p>Date of Receipt: _____</p>
PID:		
PERMIT ASSESSED BY:		
PERMIT APPROVED	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
PERMIT APPROVAL DATE		
DATE PERMIT FORWARDED TO APPLICANT:		
DATE COMMENCE WORKS NOTICE RETURNED TO COUNCIL		