TECHNICAL SERVICES

CROSSOVER APPLICATION FORM

APPLICANT INFORMATION

Applicant Name: …………………………………………………………………………………………...

Postal Address: …………………………………………………………………………………………….

Contact No: …………………………….………Mobile: ………………………………………………

Email: …………………………………………………………………………………….........

CROSSOVER DESCRIPTION

Crossover Location: …………………………………………….…………………………………………

………

CONSTRUCTION INFORMATION

Will the crossover construction be completed by?

☐ Owner   ☐ Contractor

Contractor Public Liability Policy Number: …………………………………………………………...

Insurance Value: …………………………………………………………………………………………..

TYPE

☐ Concrete   ☐ Asphalt   ☐ Brick Paving

☐ Concrete Block Paving

☐ Other (Please specify…………………………………………………………………………………..

CHECKLIST

		Yes	No
1.	2.7m – 6.04m width (residential)	☐ Yes	☐ No
2.	Minimum 0.5m from side boundary	☐ Yes	☐ No
3.	Crossover grade less than 1:6	☐ Yes	☐ No
4.	Minimum 1.5m distance from street tree	☐ Yes	☐ No
5.	Minimum 6.0m from street corner truncation	☐ Yes	☐ No
6.	Does paved crossover show concrete apron?	☐ Yes	☐ No
7.	Is there existing infrastructure that has to be relocated/amended?	☐ Yes	☐ No
8.	Does it back onto a Laneway?	☐ Yes	☐ No
9.	Are there any services? (Water Corp, Alinta, Telstra, Synergy)	☐ Yes	☐ No
10.	Any Street lights, Hydrates (1m) or other infrastructure?	☐ Yes	☐ No

Please complete both sides

DIAGRAM

Please insert diagram below to locate crossover and include the following information.

Name of Street Frontage: …………………………………………………………………………….......

Distance from the nearest side boundary: …………………………………………………………………..

Dimensions of proposed crossover: ………………………………………………………………………..

I hereby accept the conditions as set out in the Town of Mosman Park's Technical Services Policy 11.2.2 Crossovers.

Signature: ……………………………………………………………………………………………………

Name: ……………………………………………………………. Date: ……………………………………

Please return all applications to admin@mosmanpark.wa.gov.au , PO Box 3 Mosman Park WA 6012 or
Drop into the Administration Centre, Memorial Drive Mosman Park