



**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	<input type="checkbox"/> 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 _____	