



NON-STANDARD DRIVEWAY CROSSING APPLICATION

(Note: Only use this form to apply for a non-standard driveway approval.
Refer to Council's Specification for the applicable design criteria [here](#))

<i>Office Use Only</i> APP. No: _____ File No: _____	
SECTION A. Property Details	
Street Address <input type="text"/>	
Suburb <input type="text"/>	Post Code <input type="text"/>
Lot <input type="text"/>	DP <input type="text"/>
SECTION B. Design Requirements	
Please advise below the reasons for submitting an application for a non-standard driveway: <input type="checkbox"/> I am requesting a second driveway for the property. <input type="checkbox"/> I wish to construct 2 or more driveways (e.g. driveways serving developments involving more than one dwelling i.e dual occupancy, secondary dwellings, multi unit housing etc). <input type="checkbox"/> I wish to widen my existing driveway. <input type="checkbox"/> I cannot achieve the standard driveway crossing grades contained within Council's specifications and standard drawings. <input type="checkbox"/> I cannot achieve required clearance to any existing infrastructure (i.e. pram ramps, kerb inlet pit, stormwater connections, light poles, street trees, Service Authority Infrastructure). <input type="checkbox"/> I am applying for Industrial/Commercial Crossover. <input type="checkbox"/> Other – works must be described within 'Description of Proposed Works' below	
SECTION C. Description of Proposed Works (including plans)	
Please provide a brief description of the works associated with this application: <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION D. Are the Works Associated with a Current Development Application?

Yes - Consent Number

Date Issued

No

No - It is required before a Complying Development Certificate can be issued
(Construction/Re-construction of a driveway)

SECTION E. Public Liability Insurance

Contractor's License Number (if known)

Copy of Public Liability Insurance attached

Note: License and Insurance details are not mandatory at the time of lodgement but must be provided prior to commencing works.

SECTION F. Owner's Consent

As owner(s) of the land to which this application relates, I/we consent to this application.

Please provide name, address and phone number:

Owner A

Owner B

Signature A

Date

Signature B

Date

SECTION G. Details of the Applicant

Name

If Company, Contact Person

Postal Address

Suburb <input style="width: 95%; height: 25px;" type="text"/>	Postcode <input style="width: 95%; height: 25px;" type="text"/>								
Business Phone <input style="width: 95%; height: 25px;" type="text"/>	Mobile Phone <input style="width: 95%; height: 25px;" type="text"/>								
Email (compulsory) <input style="width: 95%; height: 25px;" type="text"/>									
<p>Applicant Declaration</p> <p>I, the undersigned, formally apply for approval to construct a Vehicle Crossing in accordance with the Council Specifications, Standard Drawings, Environmental and other applicable legislation relating to this application. The owner(s) (if different from the applicant) of the above property has consented to the lodgement of this application to Camden Council.</p> <p>Signed (Applicant) <input style="width: 95%; height: 25px;" type="text"/></p> <p>Date <input style="width: 30%; height: 25px;" type="text"/></p>									
SECTION H. Information Delivery Options									
<input type="checkbox"/> Mailed <input type="checkbox"/> Emailed to: <input style="width: 150px; height: 20px;" type="text"/> <input type="checkbox"/> Left at Camden Council for collection									
SECTION I. Payment Details									
<i>Office Use Only</i>									
Fee Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Account No.</th> <th style="width: 25%;">Fee</th> <th style="width: 25%;">Date</th> <th style="width: 25%;">Receipt</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">4650.1070.267 NDRIV</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Account No.	Fee	Date	Receipt	4650.1070.267 NDRIV			
Account No.	Fee	Date	Receipt						
4650.1070.267 NDRIV									
<p>Credit Card Authorisation</p> <p>These details will be destroyed once payment is processed.</p> <p>Type of Credit Card (please tick) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card</p> <p>Expiry Date: _ / _ Merchant Service Fee .65%</p> <p>Card Number: <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/></p> <p>Name on Card <input style="width: 95%; height: 25px;" type="text"/></p> <p>Cardholder's Signature <input style="width: 95%; height: 25px;" type="text"/> Date <input style="width: 20%; height: 25px;" type="text"/></p>									