



NEW STANDARD RESIDENTIAL DRIVEWAY CROSSING APPLICATION

**(Note: Only use this form to apply for a standard residential 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					
Suburb				Post Code	
Lot			DP		
SECTION B. Design Requirements					
Note: Your proposal must meet the criteria to apply for this type of approval. If you cannot meet the criteria, please apply for a Non-Standard Driveway .					
<input type="checkbox"/> New driveway or replacement of existing driveway.					
<input type="checkbox"/> This will be the only driveway serving the property (secondary driveways require a non-standard approval).					
<input type="checkbox"/> The driveway crossing grades comply with Council specifications and standard drawings.					
<input type="checkbox"/> The driveway crossing will be 1.0m clear of any existing infrastructure (i.e. pram ramps, kerb inlet pit, stormwater connections, light poles, street trees, Service Authority Infrastructure).					
<input type="checkbox"/> The driveway width will comply with the table below:					
Single Garage		Double Garage		Triple Garage or Greater	
Min	Max	Min	Max	Min	Max
3.0m	4.0m	4.0m	5.5m	4.0m	6.5m
SECTION C. Are the Works Associated with a Current Development Application?					
<input type="checkbox"/> 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 D. 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 E. 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 F. Details of the Applicant

Name

If Company, Contact Person

Street Address

Suburb

Postcode

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: 98%; 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: 600px; height: 25px;" type="text"/></p> <p>Date <input style="width: 250px; height: 25px;" type="text"/></p>									
SECTION G. Information Delivery Options									
<input type="checkbox"/> Mailed <input style="margin-left: 150px;" type="checkbox"/> Emailed to: <input style="width: 150px; height: 20px;" type="text"/> <input style="margin-left: 100px;" type="checkbox"/> Left at Camden Council for collection									
SECTION G. Payment Details									
<i>Office Use Only</i>									
Fee Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Account No.</th> <th style="width: 20%;">Fee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Receipt</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">4650.1070.267 SDRIV</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Account No.	Fee	Date	Receipt	4650.1070.267 SDRIV			
Account No.	Fee	Date	Receipt						
4650.1070.267 SDRIV									
<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>Account 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: 750px; height: 25px;" type="text"/></p> <p>Cardholder's Signature <input style="width: 350px; height: 25px;" type="text"/> Date <input style="width: 150px; height: 25px;" type="text"/></p>									