



Vehicle crossing application:.....

*Office Use Only*

**Applicants Details**

Application Name: .....

Postal Address: .....

Contact Telephone No: ..... Fax No: .....

Agent Name: .....

Postal Address: .....

Contact Telephone No: ..... Fax No: .....

**Property Details - Site Location**

Road Name: ..... Locality: .....

Valuation Number: .....

Legal Description: .....

Does your property have a Rapid Number? Yes/No

Rapid Number/Street Number:.....

*If Yes, please detail below. If No please fill in the Rapid Number Allocation below.*

**Rapid Number Allocation**

Where is the location of your Entrance in relation to the neighbouring entrance, start of road, bridges, etc and in relation to property boundary. (eg near western end of boundary approx. 300m from number 716)

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*Please draw a sketch of this plan on the attached page*

An application fee of **\$25.00** for a new rapid number plate is applicable.

**Vehicle Crossing Details**

**Location**

Residential  Rural

**Intended Use**

Residential  Commercial  Rural

Other (please specify):.....

**Adjacent Road is:**.....

**And is it:**

Sealed with Kerb and Channel  Sealed with no Kerb and channel  Metalled

**Please Note:** *Application will not be accepted into Council if a Plan is not attached for the location of your vehicle access. Application must be accompanied by a \$365.00 fee. If constructing a vehicle crossing, your application will be rejected if a Traffic Management Plan is not attached.*



### Traffic Management Plan Form

Office Use Only	
Traffic Management Plan Reference	
Organisation	Contractors
Contract Name and/or Number	Applicant
	Road Level (LV, 1,2,3) LV
Location	Speed Limit
	From RP From RP
Road Name(s)	
Description of Activity	
Work Programme	State the work you are doing (e.g. vehicle entrance construction)
Proposed/Restricted Work Hours	Hours you plan to spend working on the crossing (e.g. 8.30am – 4.00pm)
Traffic Details (Main Route)	AADT
	Peak Hour Flow (e.g. 6.30am-10.00pm, 4.30pm-5.30pm)
Proposed Traffic Management Method	<b>Active:</b> equipment you will use (eg. cones, appropriate signs, road marshal)
	<b>Unattended:</b> what will you do if you have to leave the site unattended. (e.g. barriers, cones)
	<b>Night:</b> what will you do if you have to leave the site overnight (e.g. barriers, cones, lights)

Contingency Plans			
Personal Safety			
Traffic Controllers	Name (STMS) Certificate Number	Telephone (24 hours)	
	Name (STMS) Certificate Number	Telephone (24 hours)	
	Contractor/Applicant Certificate Number	Date	
TMP prepared accurately to represent site conditions and submitted by	Engineer	Date	
Requires Amendment			

This Traffic Management Plan is to be completed by a registered Safety Traffic Management Supervisor (STMS). **Please note** that this application will be rejected if not completed correctly.

This Traffic Management Plan is approved on the following basis:

1. That Council's Engineer has inspected the Traffic Management Plan and confirms that it meets the requirements of Transit New Zealand's Code of Practice for Temporary Traffic Management.
2. The plan is approved on the basis that the activity, location and road environment have been accurately provided by the applicant. Any information provided in this Traffic Management Plan is the responsibility of the applicant. The Safety Traffic Management Supervisor (STMS) duty is to postpone, cancel or modify operations due to the adverse traffic, weather or other conditions that affect the safety of this site.

	<i>For Office Use Only</i>
<b>Approving Engineer:</b> ..... <b>Signature:</b> .....	<b>Certificate Number:</b> ..... <b>Date:</b> .....

