

Vehicle Crossing Consent

Consent No.



Wanganui District Council

1. Property owner details

Name	<input type="text"/>		
Contact person/agent (If owner is a corporation, partnership or trust)	<input type="text"/>		
Postal address	<input type="text"/>		
Contact details	() <input type="text"/> <small>Phone</small>	<input type="text"/> <small>Mobile</small>	() <input type="text"/> <small>Fax</small>
Email	<input type="text"/>		

2. Property details

Site address (Specify unit/level number, location of building within site/block number, building name and street name)	<input type="text"/>
Currently lawfully established use	<input type="text"/>
Legal description	<input type="text"/>
Rapid number	<input type="text"/>

3. Description of project

Detailed description of the development/project (Tick one)	<input type="radio"/> Urban <input type="radio"/> Commercial <input type="radio"/> Rural <input type="radio"/> Other (please specify <input type="text"/>
Width of proposed vehicle crossing	<input type="text"/>

4. Council approved contractor undertaking the work

(Refer to list of approved contractors provided in the guide)	<input type="text"/>
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Please turn over

OFFICE USE ONLY

Date received	<input type="text"/>	Application #	<input type="text"/>	Document #	<input type="text"/>	Other	<input type="text"/>
Property ID	<input type="text"/>	Legal ID	<input type="text"/>	Receipt #	<input type="text"/>	Amount Paid	\$ <input type="text"/>

