



Crossover Application

This form is required for all crossovers and must be completed by the Lot Owner.

Lot Owner's Name:	
Phone:	
Email:	
Postal Address:	
Address of property requiring a crossover:	
Estimated construction date:	
Development or building application number (if applicable)	
<i>By signing this the Lot Owner declares that they will construct the crossover in accordance with the Specification for Crossover Construction and will ensure the protection of trees and vegetation in the verge.</i>	
Lot Owner's Signature:	
Date:	
Please attach a site plan, clearly dimensioned and showing all details required in the Specifications.	
Number of attachments:	

OFFICE USE ONLY

Assessment Notes:	
Sign and Date for Authorisation of Crossover Construction:	

Enquiries may be directed to the Asset Services team by calling the City on 9257 9999 or emailing enquiries@kalamunda.wa.gov.au.

Please allow three weeks for the processing of this application.