

Application for Vehicle Crossing Permit



Maribyrnong City Council
PO Box 58
West Footscray 3012

Date received _____

Application No. _____

Site address _____

Applicant details

Full name _____

Postal address _____
(PO Boxes are not accepted)

Suburb _____

Postcode _____

Contact phone _____

Email _____

Carrying out works

Company name _____

ACN Number _____

Full name of works manager _____

Postal address _____
(PO Boxes are not accepted)

Suburb _____

Postcode _____

Contact phone _____

Email _____

Public Liability Insurer _____

Cover amount \$ _____

Works proposed

Please indicate the type of proposed crossing below.

- ☐ A single residential crossing up to 3.3 metres wide.
- ☐ A single commercial crossing up to 6.0 metres wide.
- ☐ A single residential crossing greater than 3.3 metres wide. Width _____ metres
- ☐ A single commercial crossing greater than 6.0 metres wide. Width _____ metres
- ☐ A multiple crossing to my property. Number _____
- ☐ Relocate an existing crossover.

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Works proposed continued

Is there an existing crossing which is proposed to remain? ☐ Yes ☐ No

Is there a planning permit issued for this proposed crossing? ☐ Yes ☐ No

If yes above, please provide the planning permit number.

TP _____

Is the property in a heritage or flooding overlay? ☐ Yes ☐ No

Residential applications

Is the property frontage over 11 metres? ☐ Yes ☐ No

For a corner property, please specify the property frontage _____ m and side _____ m

Commercial applications

Is the property area less than 2,500 sqm? ☐ Yes ☐ No

If no above, please specify property area. _____ sqm

Parking

Is there a parking space 5.5 x 2.8 metres long available within the property? ☐ Yes ☐ No

Is the proposed crossing within 18 metres of an intersection with traffic signals or within 9 metres of a non-signalled intersection? ☐ Yes ☐ No

Assets

Please indicate anything that may be affected by the construction of the crossover.

☐ Tree A tree may be considered to be affected if excavation will be beneath the tree canopy. Council's Technical Officer – Arboriculture must assess the tree prior to the issuing of a permit and you may be required to pay a fee for the removal and/or replacement of the tree.

☐ Drainage ☐ Painted or constructed parking bays ☐ Street signs

☐ Other, please specify _____

Site Plan

Please provide a sketch below of the site showing the proposed crossing including dimensions and adjoining streets, or attach a separate site plan.

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Requirements

1. Applications and fees (including Bonds) are assessed within five (5) working days in most cases.
2. Non-standard crossings where trees are to be removed or other asset issues to be resolved may require additional processing time.
3. The applicant will be notified by Council of the outcome of this application.
4. Fees are payable upon collection of the Vehicle Crossing Permit from Council's Customer Service desk.
5. Additional fees may apply in accordance with Council's Vehicle Crossing Policy. The Policy is available via Council's website at www.maribyrnong.vic.gov.au
6. Any false, misleading or inaccurate information provided on this application form may result in the application being deemed void and a new application will be required including payment of fees.
7. Further information may be obtained by contacting Council's Operations and Maintenance Department on 9688 0200.

Application fees

| Crossing type | 2024/2025 fee payable | Receipt type |
|---|-----------------------|--------------|
| <input type="checkbox"/> Vehicle crossing up to 3.3 metres wide. | \$357.80 | 496 |
| <input type="checkbox"/> Vehicle crossing greater than 3.3 metres wide. | \$473.50 | 498 |
| <input type="checkbox"/> Second/multiple vehicle crossing to property (each). | \$638.60 | 499 |

Please note that once a permit has been issued application fees are non-refundable.

Declaration

☐ I declare that the information provided on this application form is true and accurate to the best of my knowledge at the time of submission. I have read and understood the above requirements.
(Please tick)

Signature

Date

Print name

Privacy statement

Maribyrnong City Council is committed to its obligations in protecting your personal information pursuant to the *Privacy and Data Protection Act 2014*.

The personal information requested on this form is being collected by Maribyrnong City Council for the purpose of assessing an application for vehicle crossover permit. The information will be used by Council for this primary purpose or directly related purposes. Council may not be able to assist/provide a service as a consequence should this information not be provided. Council will not disclose your personal information to any third party unless required to do so by law.

Requests for access to and/or amendment of the information provided may be made to Council's Privacy Officer on 9688 0200. For more information please refer to Council's Privacy Policy, available for download from Council's website at www.maribyrnong.vic.gov.au

Office Use Only

Security bond: \$ _____

Receipt type 491

Trust category 16

Applicant NAR: _____

Trust ID number: _____

2024/2025

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