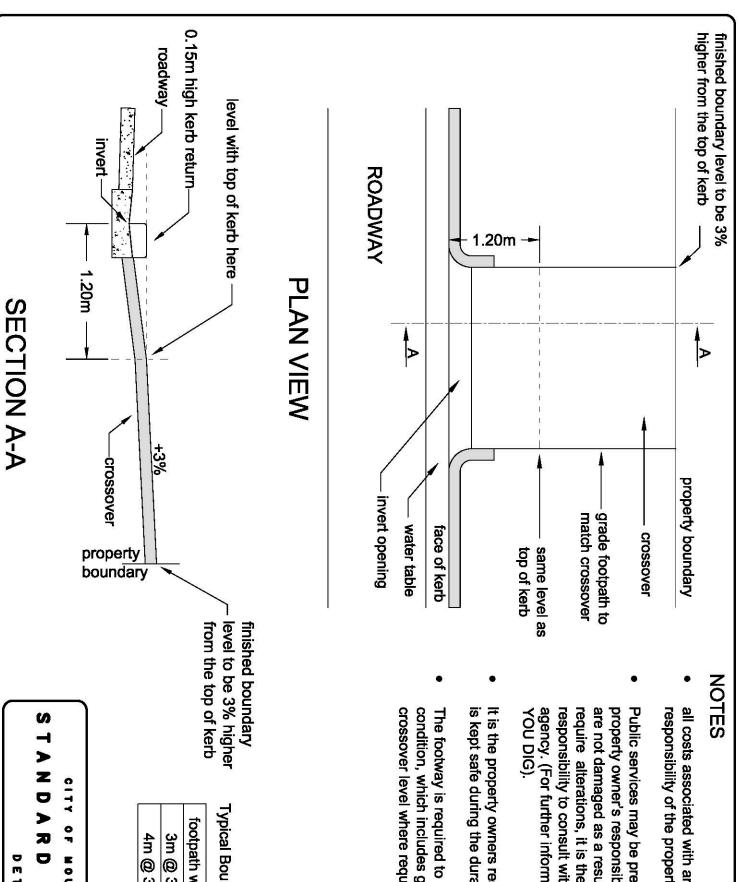


Invert / Crossover Opening Application

Applicant Details:							
Name:							
Postal Address:							
Email:							
Phone Number:			Mobile Nu	ımber:			
Company Name: (If Required)			Order Number: (If Required)				
I wish to make application for	or an	invert opening and to o	construct a	crossov	ver at:		
Location address:							
Works required:		Open first invert		Open	additional inve	ert	
		Widen existing invert		Reloc	cate & close exi	isting in	ıvert
		Crossover Works:					
Consisting of:							
☐ bitumen/asphalt		pattern paved concret	te 🗖	brick/	clay pavers		concrete
Is this invert associated with	n buil	lding work?	∃ Yes	□ No)		
If Yes, Development Applica	ation	Number:					
If application is for second in		t, please state reason w	•	·			
Council Officers will ins crossover.							
Please ensure the exact	t loca	ation for the proposed ir	nvert is clea	arly mar	ked on site.		
 You will be notified in w been granted or denied. 		g within four working dag	ys of subm	itting thi	s form as to wh	nether a	approval has
Signature:				Date: _			



- all costs associated with an invert or crossover is the responsibility of the property owner.
- agency. (For further information, DIAL 1100 BEFORE responsibility to consult with the particular service require alterations, it is the property owner's are not damaged as a result of the work. If services property owner's responsibility to ensure these services Public services may be present in the road and it is the
- is kept safe during the duration of the works It is the property owners responsibilty that the work site
- crossover level where required. condition, which includes grading down to the new The footway is required to be reinstated to its previous

Typical Boundary Levels

4m @ 3%	3m @ 3%	ootpath width
+120mm	+90mm	boundary level

CITY OF MOUNT GAMBIER DETAIL CROSSOVER