



VEHICULAR CROSSING / ROADWORKS CERTIFICATE OF COMPLIANCE APPLICATION FORM

OFFICE USE ONLY	
Date:	
Rpt No:	
Amount: \$	

BEFORE COMPLETING THIS FORM - PLEASE READ HOLROYD CITY COUNCILS' VEHICULAR CROSSING POLICY - VISIT COUNCILS' WEBSITE TO DOWNLOAD A COPY. www.holroyd.nsw.gov.au or visit CUSTOMER SERVICES at 16 Memorial Avenue, Merrylands NSW 2160.

To the General Manager,

I have completed my vehicular crossing and/or roadwork in accordance with the levels issued by Council. The road reserve has been restored in accordance with Councils' Works Specification for Subdivision and Development.

a). APPLICANT DETAILS			
Name :	Postal Address :	Suburb :	Postcode :
E-mail:		Contact:	
Applicant's Signature:		Date:	
b). PROPERTY DESCRIPTION <i>(where the work was carried out)</i>			
House / Lot Number :	Street Name :	Suburb :	
c). PRINCIPAL CERTIFYING AUTHORITY <i>(please appropriate tick box and provide details of the P.C.A)</i>			
<input type="checkbox"/> HOLROYD CITY COUNCIL		<input type="checkbox"/> PRIVATE CERTIFIER <i>(Please provide details below)</i>	
PCA'S Details :			
Development Consent Number :	DC or CDC _____ / _____		
d). DESIGN & INSPECTION DETAILS <i>(Engineering design and inspection notices)</i>			
Council Design Reference Number <i>(please quote the relevant design number)</i>		Council Inspection Reference Number <i>(please quote the inspection number)</i>	
e). DO YOU WISH TO HAVE YOUR CERTIFICATE OF COMPLIANCE <i>(please tick a box)</i>			
Mail / Posted ?	<input type="checkbox"/>	Picked up at Customer Service Desk ?	<input type="checkbox"/>

Note: All information as requested above shall be provided / ticked prior to lodging the application form.

- OFFICE USE ONLY -		
COUNCIL OFFICER:	DATE:/...../20.....	TIME: : am / pm

All communication to be addressed to
 General Manager
 Holroyd City Council
 PO Box 42 Merrylands NSW 2160