



Southern Drive, Busselton WA 6280  
 All Correspondence to: The Chief Executive Officer,  
 Locked Bag 1, Busselton WA 6280  
 Ph: (08) 9781 0444 – Fax: (08) 9752 4958  
 Email: [city@busselton.wa.gov.au](mailto:city@busselton.wa.gov.au)  
 Web: [www.busselton.wa.gov.au](http://www.busselton.wa.gov.au)

# CITY OF BUSSELTON

## Application for Crossover Contribution

### FOR COMPLETED CROSSOVER ONLY

NAME (Owner(s) of property): \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ P/Code: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ P/Code: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT NUMBERS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

Are you registered for GST?  YES  NO

• If Yes, please insert your ABN

• Is the crossover being constructed in the course of your registered business?  YES  NO

• **If Yes, a signed Recipient Created Tax Invoice Agreement is required. Please contact the City’s Finance Compliance Officer on 9781 0444.**

I/WE HEREBY MAKE APPLICATION FOR A COUNCIL CONTRIBUTION TOWARDS THE CROSSOVER CONSTRUCTED AT THE FOLLOWING PROPERTY:

HOUSE NUMBER: \_\_\_\_\_

LOT/LOCATION NUMBER: \_\_\_\_\_

STREET NAME & SUBURB: \_\_\_\_\_ P/Code \_\_\_\_\_

If Pavers less than 60mm in thickness are used, the following information is to be provided:

PAVER MANUFACTURER: \_\_\_\_\_

NAME OF PAVER: \_\_\_\_\_

**PLEASE NOTE THAT: RECEIPTS FOR CROSSOVER CONSTRUCTION MAY BE REQUIRED**

**Tick for EFT Payment**

Bank Name:	Account Name:
BSB:	Account Number:

**Tick for change of postal address**

**Tick for change of residential address**

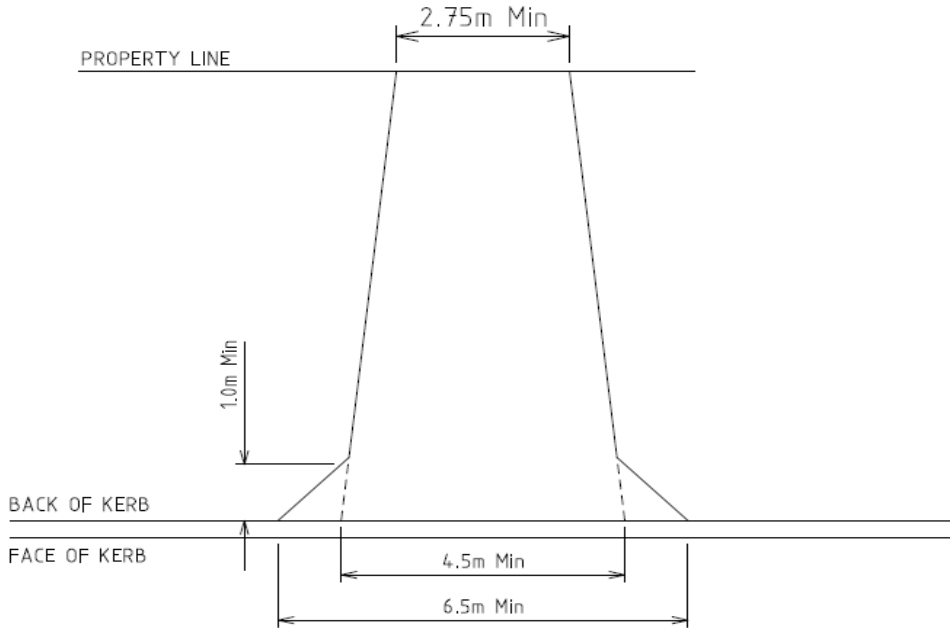
I/We give permission for the City of Busselton to use this information to change the address/name details on all City managed systems. This form must be signed by the property owner. If the property is owned jointly, **both/all property owners must sign**. If signed by a power of attorney, a copy of the power of attorney must be provided. If executed by a company, the form must be executed in accordance with the Company’s constitution and the Corporations Act 201 (C’wealth).

Signatures Required to Process:

OWNER / SOLE DIRECTOR / SOLE SECRETARY: Signature \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER / SOLE DIRECTOR / SOLE SECRETARY: Signature \_\_\_\_\_ DATE: \_\_\_\_\_

# MINIMUM CROSSOVER DIMENSIONS



**PLEASE NOTE:**

Submit application for a constructed crossover only.  
 Applicants will not receive the Council’s crossover refund when the crossover does not meet the “*minimum crossover dimensions*” as above. (Referenced in the City of Busselton’s - Engineering and Works Services Standards and Specifications - **Section 4 - Vehicle Crossovers** - [http://www.busselton.wa.gov.au/services/engineering/tech\\_stds](http://www.busselton.wa.gov.au/services/engineering/tech_stds))

**OFFICE USE ONLY**

LENGTH ..... metres

**CURRENT RATES:**

- GRAVEL ..... \$5.50/m<sup>2</sup>
- 2 COAT BITUMEN..... \$8.80/m<sup>2</sup>
- ASPHALT..... \$12.10/m<sup>2</sup>
- CONCRETE..... \$16.50/m<sup>2</sup>

BRICK/BLOCK .....\$18.70/m<sup>2</sup>

COMMENTS .....  
 .....  
 .....

**APPROVED FOR PAYMENT:**

NO             YES    AMOUNT    \$ \_\_\_\_\_

Authorised for payment to the applicant named above, the amount specified from Creditor AP99996.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEVELOPMENT CONTROL OFFICER: \_\_\_\_\_