

TRIM Reference: \_\_\_\_\_



## CROSSOVER SUBSIDY CLAIM

Assessment No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### PROPERTY ADDRESS

Lot Number: \_\_\_\_\_

House Number: \_\_\_\_\_

Address: \_\_\_\_\_

Completion Date: \_\_\_\_\_

*When all Crossover works are completed*

### RECEIVED FROM

Applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

### CROSSOVER DETAILS AND DECLARATION Please tick the appropriate boxes, where applicable

I have completed to the above-mentioned address. The crossover is \_\_\_\_\_ metres wide and constructed from:

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Asphalt  | <input type="checkbox"/> Bitumen (2 coat seal) | <input type="checkbox"/> Block/Brick Paving |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Culvert               | <input type="checkbox"/> Gravel             |

*Please Note: GRAVEL is for Rural/Semi Rural properties only (when connecting to a Gravel Road).*

- I understand that the crossover is to comply with the City's latest Crossover Specifications.
- The crossover must be completed within twelve (12) months of this application in order to receive the subsidy.
- I declare that I am the owner of the property as stated in the application and that I have not made a previous claim for a crossover at the above-mentioned address (which includes renewal of the existing crossover).

### PAYMENT DETAILS

If applicable, the subsidy will be paid into the account as detailed below by Electronic Funds Transfer (EFT).

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Remittance Advice:  Yes  No*Please tick one*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE

### CROSSOVER INSPECTION

Development Engineering Officer is required to complete a site visit.

Inspection Date: \_\_\_\_\_

Passed Inspection:  Yes  No

#### APPROVAL STAMP REQUIRED

If not passed, why:

### PAYMENT REQUEST

Subsidy Amount: \$ \_\_\_\_\_

Account Number: 14242003

Inspection Fee: \$ \_\_\_\_\_

Account Number: 10500604

Amount Payable: \$ \_\_\_\_\_

### ENGINEERING SERVICES APPROVAL

Signed by Authorised Engineering Officer

Officer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the Manager of Engineering Services

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TREASURY AND FINANCE PAYMENT

Forward completed application to Accounts Payable

Officer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment Date: \_\_\_\_\_