



APPLICATION FOR SUBSIDY – Vehicle Crossing

(To be submitted for approval once crossing has been constructed)

Applicant's Name: _____

** Please Note: Cheque will be issued in all property owners names

Property Address of crossing: _____

Postal Address: _____

Daytime phone no: _____

Email: _____

Construction Material used

Asphalt Bitumen Brick Paving Concrete

Note: In order to be eligible to receive the subsidy you must ensure that:

- Your application is received within 6 months of completion of construction of the crossing
- You have attached relevant receipts
- All disturbed facilities/services have been reinstated to their original condition
- The crossing has been constructed in accordance with the City of Gosnells' specifications and approval.

I certify that I have met the requirements set out in the notes above.

(Signature)

(Date)

Office Use Only

Property ID No:

Inspection for Subsidy Payment:

Crossing Slope 2-10%	<input type="checkbox"/>	Edge Restraint	<input type="checkbox"/>	Thickness 100mm	<input type="checkbox"/>	
Crossing Entrance	<input type="checkbox"/>	Header Course	<input type="checkbox"/>	Joints	<input type="checkbox"/>	
Kerb Reinstatement	<input type="checkbox"/>	L/Stone Base	<input type="checkbox"/>	Expansion	<input type="checkbox"/>	
Footpath Reinstatement	<input type="checkbox"/>	Sand Base	<input type="checkbox"/>	Surface Texture	<input type="checkbox"/>	
Crossing Shape	<input type="checkbox"/>	Paver ≥ 60mm	<input type="checkbox"/>	Verge Tree	<input type="checkbox"/>	
Drainage Reinstatement	<input type="checkbox"/>	Inspection Fee	<input type="checkbox"/>		<input type="checkbox"/>	

Subsidy application approved / not approved Officer:..... Date:.....

Amount to be refunded

Comment:.....

Payment Approved

By: Signature: Date: