City of Joondalup

Request for Subsidy Payment for First/Replacement Vehicle Crossing
Application Form

Where a vehicle crossover complies with the City's Crossover Guidelines Residential and Non-Residential, and the subsidy is approved, the City will forward payment to the property owner. This application form must be submitted within six months of the date of construction. Applicants will be notified if their application has been declined. Please ensure you submit your bank account details to the City via the Application for Electronic Funds Transfer form.

Application Details (see notes below)	
Property Owner Name/s:	
Postal Address:	
Address of crossover ('the Property'):	
Telephone No.:	
Email:	
Signature of Property Owner/s:	Date:

Construction Details (please tick all applicable)	
Construction material:	
☐ Replacement of bitumen vehicle crossing to the Property	☐ First vehicle crossing to the Property
☐ The vehicle crossing complies with, or exceeds, the City's legal requirements for a standard crossing OR has been constructed in accordance with an approval issued by the City and the specifications contained in that approval	☐ Proof of payment attached (invoice or delivery docket)

Notes
Please refer to the Crossover Guidelines for permissible construction materials. Non-permissible treatments are not entitled to receive the crossover subsidy.
The property owner/s acknowledge they must maintain the vehicle crossing in a safe and serviceable condition at all times.
The property owner/s acknowledge that the City may at any time require the crossing be repaired or removed as per the provisions contained in the *Local Government (Uniform Local Provisions) Regulations 1996* or any other written law.
Further information on vehicle crossings, including permissible construction materials, responsibilities and liability, can be found within the Crossover Guidelines and on the City's website.

Office Use Only	
Account number: 1.632.A6302.3294.0000	Subsidy ($375.00) approved for payment: ☐ Yes ☐ No
Property ID number:	CRM number:
Inspecting officer (Name):	
Delegated officer approval:	Name:
	Signature:
	Date:

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FORM 141 – LAST JUNE 2023