

# Vehicle crossing permit request

What kind of vehicle crossing permit are you applying for?

☐ **Sealed Vehicle Crossing**

☐ **Unsealed Vehicle Crossing**

*PLEASE NOTE: there is a charge for each on these. Please consult our fees and charges at [www.fndc.govt.nz/Services/Fees-and-charges-PDF](http://www.fndc.govt.nz/Services/Fees-and-charges-PDF) or scan this QR code.*



## 1. Applicant details

Name

Organisation

Postal address

(or alternative method of service under section 352 of the Act)

  
  


Postcode

Email

Phone (day)

## 2. Site details

Owner

Site address

  
  


Postcode

Legal description

Valuation number

District Plan zone

## 3. Agent details

Name

Organisation

Postal address

(or alternative method of service under section 352 of the Act)

  
  


Postcode

Email

Phone (day)

## 4. Contractor details

Please enter details of the contractor being used to carry out work on the crossing:

Person/contractor	<input type="text"/>		
Postal address	<input type="text"/> <input type="text"/> <input type="text"/>		
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

## 5. Vehicle crossing information *(required)*

Road name	<input type="text"/>		
<input type="radio"/> Urban	<input type="radio"/> Rural	<input type="radio"/> Legal speed limit	
<input type="radio"/> Sealed with kerb & channel	<input type="radio"/> Sealed with no kerb & channel	<input type="radio"/> Metalled <i>(only applicable to unsealed roads)</i>	
Will the vehicle crossing be installed where there is a footpath? <input type="radio"/> Yes <input type="radio"/> No			
If yes, describe surface (e.g. concrete / chip seal / metal): <input type="text"/>			

## 6. Intended vehicle crossing use

Road name	<input type="text"/>		
<input type="radio"/> Residential	<input type="radio"/> Farm	<input type="radio"/> Commercial	
<input type="radio"/> Other <i>(please specify)</i> :	<input type="text"/>		
<input type="checkbox"/> Number of properties served by crossing. If more than one, provide legal descriptions of other properties:			
<input type="text"/> <input type="text"/> <input type="text"/>			

Include a site plan showing location of proposed vehicle crossing in relation to property, legal boundaries, and easements (if any) and any adjacent vehicle crossings or road intersections. Show stormwater drainage paths along the road and to or from the property at the proposed vehicle crossing. **Please attach the site plan to application** ☐

Is there already an existing crossing provided for the property? ☐ Yes ☐ No

If yes, then clearly identify the existing crossing on the site plan and advise whether it is to be removed or retained.

## 7. Type of crossing proposed *(see attached)*

<b>FNDC/S/2</b> Residential & commercial (kerbed roads)	<input type="radio"/> Single	<input type="radio"/> Double
<b>FNDC/S/6</b> Residential vehicle crossings (unkerbed roads)	<input type="radio"/> Single	<input type="radio"/> Double
<b>FNDC/S/6B</b> Domestic crossing layout (rural or unkerbed road)	<input type="radio"/> Single	<input type="radio"/> Double
<b>FNDC/S/6D</b> Farm/commercial crossing layout	<input type="radio"/> Single	<input type="radio"/> Double
Is a temporary crossing required?	<input type="radio"/> Yes	<input type="radio"/> No

If yes, please clearly identify the location of the temporary crossing on the site map and include proposal for reinstatement.

## 8. Other considerations

Will all vehicle movements comply with District Plan Rule **15.1.6A.3.1**?

☐ Yes ☐ No

If not, has a resource consent been applied for?

☐ Yes ☐ No

Is it necessary to construct the crossing over an adjacent property?

☐ Yes ☐ No

RC#

If yes, then written approval from the affected landowner(s) is required.

☐ Approval included

Is this Vehicle Crossing application a condition of a Resource Consent?

☐ Yes ☐ No

If yes, then a Vehicle Crossing Permit is not required. Please email:

[Planning\\_Technicians@fndc.govt.nz](mailto:Planning_Technicians@fndc.govt.nz) for next steps

RC#

Is the application on a state highway?

☐ Yes ☐ No

If yes, is it within an area under 50kmh? *If no, please apply through Waka Kotahi.*

☐ Yes ☐ No

## 9. Checklist *(please tick the box if information is provided)*

Does the application include all details and drawings requested above?

☐ Yes *(must be included)*

Does the application include the appropriate fee? Fee schedule shown below

☐ Yes *(must be included)*

Current Record of Title including Title Plan (Less than 6 months old)

☐ Yes *(must be included)*

## 10. Declaration concerning Payment of Fees

Method of payment: ☐ Bank deposit ☐ Eftpos ☐ Bank deposit

Ref:

Amount paid:

Date paid:

Bill payer:

☐ Applicant ☐ Agent

Name of bill payer

Signature of bill payer

*(mandatory)*

Date

Send correspondence to: ☐ Applicant ☐ Agent

### Costs

**Please note:** that as per the 2025/26 Fees and Charges, any meeting booked in advance relating to a resource consent application will be billable. Actual and reasonable costs will be calculated based on the charge rate associated with the staff member(s) required to attend and for any research required prior to the meeting. This includes Pre-Application Meetings and Concept Development Meetings. Invoiced amounts are payable by the 20th of the month following invoice date.

## Office use only

Receipt number:

Date