SHIRE OF MINGENEW
CROSSOVER REIMBURSEMENT

To be completed after the construction of a crossover

Applicant: _____ Assessment No: _____

E-mail: _____ Contact No: _____

Property Address: _____

Postal Address (if different from property address): _____

Banking Details (for Crossover Reimbursement to be paid to):

Account name: _____

BSB number: __ __ __ - __ __ __   Account Number: _____

Financial Institution name: _____

TO CLAIM COUNCIL CROSSOVER SUBSIDY

As the applicant and owner of the property for which the crossover is to be constructed, I confirm:

☐ a crossover application has been submitted to the Shire and written approval has been issued to construct the crossover as completed, within the last 6 months   Approval reference # _____ (refer to approval letter)

☐ a crossover has been installed at the above address, in accordance with the Shire's 'Standard Vehicle Crossover Specifications'

☐ acknowledge that the reimbursement of up to 50% contribution is calculated on the Council's standard crossover specifications.

☐ the disturbed facilities have been reinstated to their original condition.

☐ an itemised copy of the goods and services tax invoice / receipt for crossover works is attached.

☐ understand that the contribution payment process may take up to (4) four weeks and is ONLY payable to the owner of the property and will be forwarded to the supplied account or as otherwise advised.

Signature: _____ **Date:** _____/_____/_____

Office Use Only

SITE INSPECTION BY WORKS MANAGER

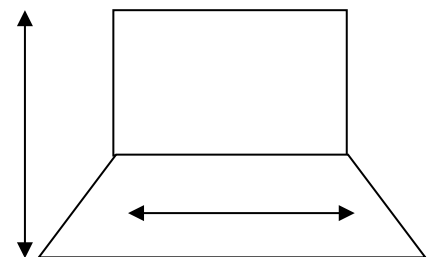☐ Brick Paved   ☐ Concrete

☐ Crossing Slope (2% - 10%)	☐ Paver ≤ 60mm
☐ Crossing Entrance	☐ Edge Restraint
☐ Crossing Shape	☐ L/Stone Base
☐ Drainage	☐ Gravel Base
☐ Soakwell	☐ Sand Base
☐ Footpath Reinstated	

☐ Thickness (100mm)
☐ Joints
☐ Expansion
☐ Surface Texture

Total Square Metres: _____m²

Comments: _____
_____

REIMBURSEMENT CALCULATION

Measurements: Installation Cost:

Actual crossover: ____m x ____m = _____m^2 Receipt = $_____

Standard crossover: ____m x 3m   = _____m^2 Cost / m^2 = $_____

                                                                    = $_____

☐   **APPROVED** or
☐   **DECLINED - Reason:** _____

Name: _____ **Signature:** _____ **Date:** ____/_____/_____

(Reimbursement formulae is "cost / m^2 x standard crossover" and with the council contribution of 50%)

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