



ASHBURTON DISTRICT COUNCIL

5 Baring Square West, Ashburton, New Zealand
e-mail info@adc.govt.nz Website www.ashburtondc.govt.nz

INSTALL A PIPE UNDER A ROAD APPLICATION FORM

File No: 0510-53-01

Applicant to read and agree to the following conditions:

1. The pipe is to be laid at least 500mm below the lowest portion of the water table and at least 750mm below the trafficked level of surface at least two metres clear of the road formation edges.
2. An approved traffic management plan (TMP) will be required for this operation including a Corridor Access Request (CAR).
3. The road is to be reinstated to the satisfaction of the Operations Manager and/or Roading Department representative.
4. The owner accepts liability for any accidents of any kind caused through the laying of this pipe in the road reserve.
5. That the Council will not be liable for any damage done to the pipe in the future from any cause whatsoever.
6. That should the Council so require, the pipe must be removed upon notification from the Council.
7. Where a sealed road is crossed the seal is to be cut to a clean edge 50mm either side of the trench edge.
8. Where the pipe is to be placed under a sealed surface the least possible damage to the surface is to be done and the surface is to be re-instated at the applicants expense by Council contractors.
9. That the excavated trench to be backfilled with imported fill meeting Transport New Zealand's specification not more than 250mm thick, and each layer to be compacted before placing the next layer.
10. Check with network operators (power/telephone) to ensure that there are no cables in the area to be excavated.
11. Applicant agrees to pay the relevant permit fee charge and cost of re-instatement as required. Reinstatement is only required is road is sealed.
12. No work is to be carried out until a signed permit has been received from Council.
13. Applicant to contact Council staff and advise proposed day and time when work is to commence. Contact Rodger Harris on 0275 455 756.
14. Applicant to contact Council staff and advice when road crossing has been completed so staff can arrange for Council contractor to seal road surface if requires. See contacts in Condition 13 above.
15. A 12 month maintenance period will apply.
16. Permit valid for 6 months.

CORRIDOR ACCESS REQUEST IS REQUIRED WITH THIS APPLICATION BEFORE BEING LODGED

Completed and signed

Yes / No

SECTION 1 – FULL NAME AND CONTACT DETAILS OF APPLICANT

Surname	Given Names

Company Name

Postal Address (include rapid number and postcode)

Contact Details	
Home number	
Business/Work number	
Mobile phone number	
Fax number	
Email address	

SECTION 2 – FULL NAME AND CONTACT DETAILS OF CONTRACTOR

Company Name

Contact within Company	
Surname	Given Names

Postal Address ((include rapid number and postcode)

Contact Details	
Business/Work number	
Mobile phone number	
Fax number	
Email address	

SECTION 3 – LOCATION INFORMATION OF SITE WORKS

Owner Name (if different to applicant)

Company Name

Location Address ((include rapid number and postcode)

Road Type (Please circle relevant option)	
Sealed	Unsealed

Property Number	
Legal Description	

Signature of Property Owner (if different to applicant)		
	Date	

SECTION 4 – LOCATION INFORMATION OF NEIGHBOURING PROPERTIES AFFECTED

Owner Name

Company Name

Location Address ((include rapid number and postcode)

Road Type (Please circle relevant option)	
Sealed	Unsealed

Property Number	
Legal Description	

Signature		
	Date	

**SECTION 6 – LOCATION OF PROPOSED CROSSING (SKETCH/PROVIDE
MAP**

Proposed Pipe Under Road



SECTION 7 – Fees & charges)

Permit fee (To be paid with all applications)	<input type="checkbox"/>	\$
Re-instatement fee (Sealed road only)	<input type="checkbox"/>	\$
Up to 125 mm	<input type="checkbox"/>	\$
150 mm – 300 mm	<input type="checkbox"/>	\$
375 mm – 450 mm	<input type="checkbox"/>	\$
525 mm – 600 mm	<input type="checkbox"/>	\$
720 mm	<input type="checkbox"/>	\$
900 mm	<input type="checkbox"/>	\$
975 mm – 1050 mm	<input type="checkbox"/>	\$
1200 mm	<input type="checkbox"/>	\$
1350 mm	<input type="checkbox"/>	\$
1600 mm	<input type="checkbox"/>	\$
1800 mm	<input type="checkbox"/>	\$
(To be paid at time of application)	Total	\$

Signature of Applicant	
Full name of applicant	
Date of application	

Please send completed form with payment to:

Ashburton District Council PO Box 94 ASHBURTON 7740 Attention: - Administration Officer

OFFICE USE ONLY	
Date Application Received	