

Application to Construct a Vehicle Crossing



AC ref, VXG, PF, other:

BUN60370958

Related consent number:

LUC60370990

VXG 21557688
RCDM upgrade ☐

Street address of the proposed vehicle crossing:

362 MATAKANA VALLEY ROAD

Suburb: MATAKANA

LOT DP: PT Allot SI Bhol
MATAKANA SO 104.4,
SEC 1 SO 400726

Location of building:

Auckland ☐ Franklin ☐ Manukau ☐ North Shore ☐ Papakura ☐ Rodney ☒ Waitakere ☐

Important information:

- The application fee is \$341.00 including GST. Please make cheques payable to Auckland Council
- Please lodge this application and make payment at your nearest Auckland Council office
- Vehicle Crossings over 3m wide at the boundary require a Resource Consent
- Excavation must not commence until you receive written approval from Auckland Transport
- All documentation will be emailed to the agent

Warkworth Service Centre
15 JUN 2021
Auckland Council

Applicant's details: (please print clearly)

Full name: THREE BUCKES LTD	
Postal address: PO Box 142	
MATAKANA	Postcode: 0948
Ph (home): N/A	Ph no (work): 09 4227716
Mobile: 0272836448 (Dean Munro)	Fax: N/A
Email: matakana.sawmill@extra.co.nz	

Agent's details: (please print clearly)

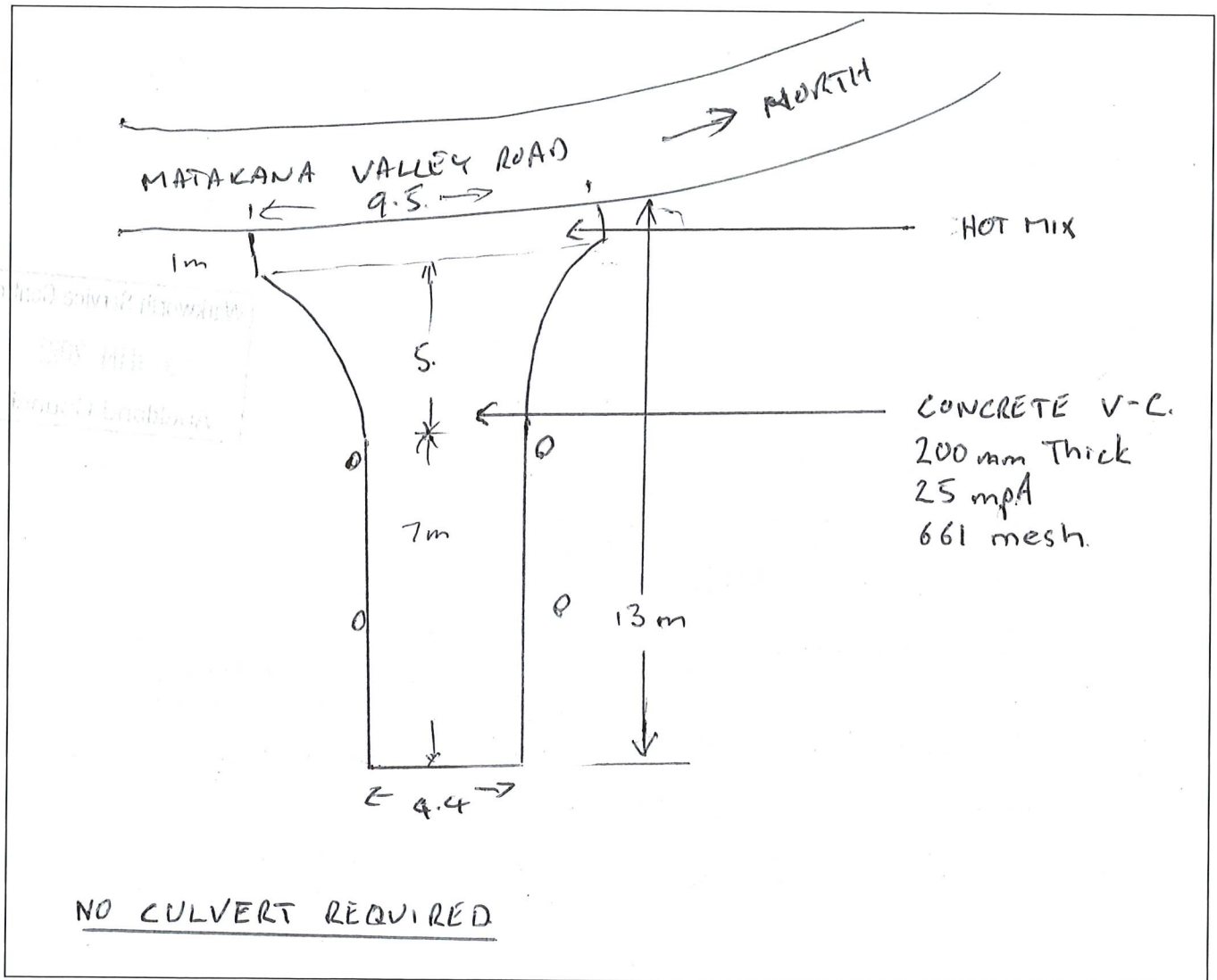
Full name:	
Postal address:	
	Postcode:
Ph (home):	Ph no (work):
Mobile:	Fax:
Email:	

Signature of applicant/agent:  (Dean Munro) (DIRECTOR)	Date: 15/06/21
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Position of vehicle crossing: Important information:

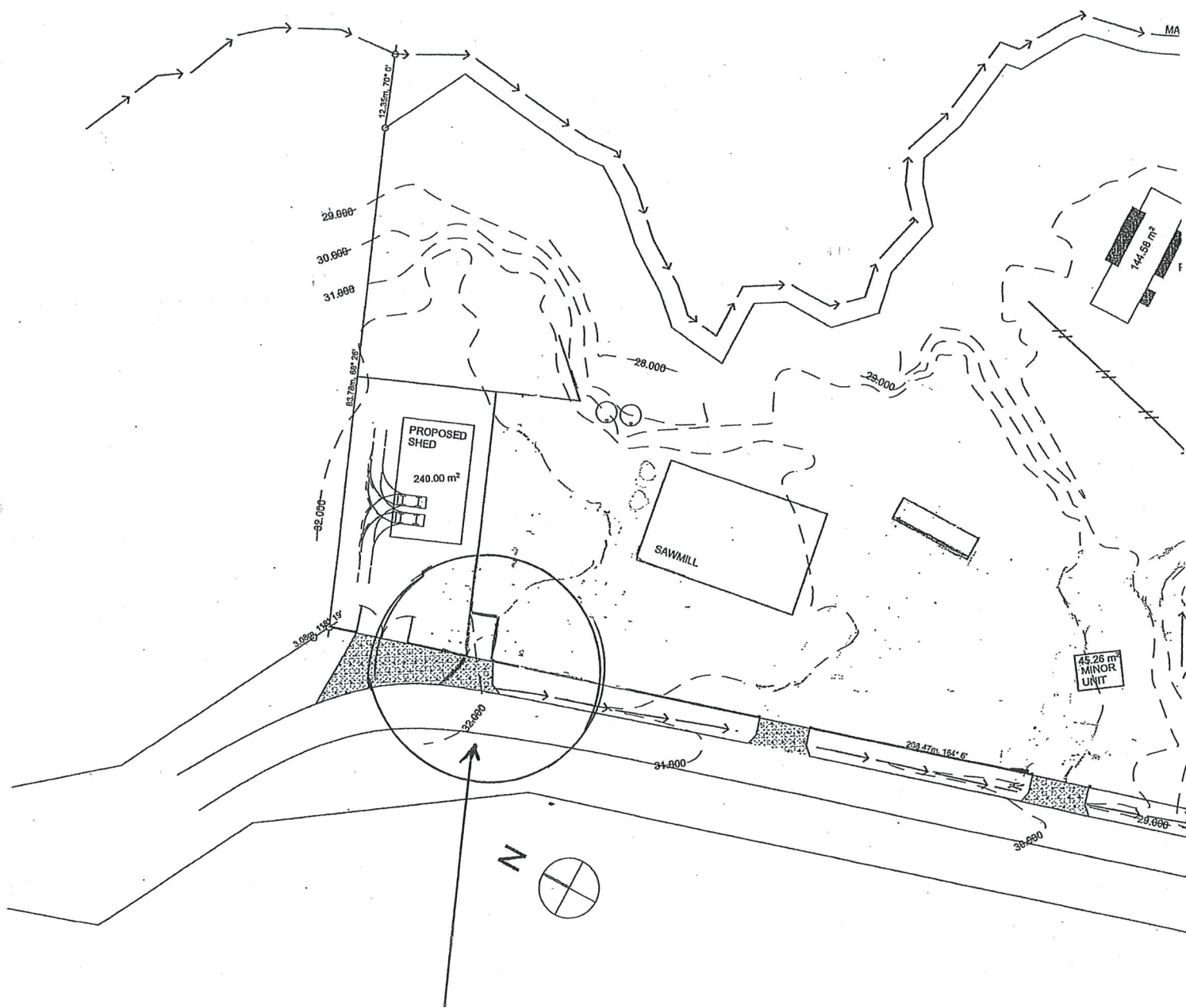
- Please provide a sketch plan or attach an architect's site plan, or similar, that shows all the property boundaries to scale.
- Please show the proposed vehicle crossing location relative to the side boundaries, complete with dimensions. Also show the location of other features that may affect the proposed location of the vehicle crossing including: **trees, power poles, streetlights, transformers, drainage pits and manholes, redundant vehicle crossings etc.**
- A sketch plan is to be provided in all cases.
- Please attach any additional pages.

Type: Residential ☐ Commercial ☒ Rural ☐ Other ☐



Office use only: Auckland Council initial lodgement check

Name/initials:	Date:	Amount: \$341 inc G.S.T ☒	Over 3m consent: ☐
Planning check: OK ☐		Receipt no: 1000642461	
Name/initials:	Date:	Cashier initials: J.P. Date: 15.6.21	



AREA OF PROPOSED V-C

