

📍 Council House, 27 St Georges Terrace, Perth  
✉ GPO Box C120, Perth WA 6839  
☎ (08) 9461 1577  
@ [hgs wz@cityofperth.wa.gov.au](mailto:hgs wz@cityofperth.wa.gov.au)  
🖱 [www.perth.wa.gov.au](http://www.perth.wa.gov.au)  
ABN 83 780 118 628



# Crossover Application

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**Instructions:** Please print clearly in the spaces provided.

## 1. Applicant Details

First Name

Surname

Address

State

Postcode

Email

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## 2. Site Details

Lot No.

Street No.

Street

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### 3. Purpose of Application

<input type="radio"/> New Permanent Crossover	Select the proposed crossover width	
<input type="radio"/> Temporary Crossover (during construction works)	<input type="radio"/> Single 3.0m	<input type="radio"/> Double 6.0m
<input type="radio"/> Modify or Repair an Existing Crossover	<input type="radio"/> OR nominate width	

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### 4. Scaled Drawing

- Attached is a scaled drawing showing the location and dimensions of the proposed crossover, including the property line, road and any infrastructure, such as trees, that may be impacted by the crossover.

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### 5. Customer Authorisation

- By ticking this box, I confirm I understand that this form authorises the City of Perth to reproduce any documents associated with this application for internal purposes only.
- By ticking this box, I confirm I have read and agree to abide by the associated Terms and Conditions. I also confirm the information I have provided in this form is accurate. (A signature is not required on forms lodged electronically and submissions will be treated in accordance with the Electronic Transactions Act 2011 (WA).)

Response Time: 10 working days from date of 'completed' application received.

Signature \_\_\_\_\_ Date   
(for hardcopy submission only) (DDMMYYYY)

**This form is available in alternative languages and formats on request**

### 6. Lodgement Options

#### By Email

Email the completed form to [hgs wz@cityofperth.wa.gov.au](mailto:hgs wz@cityofperth.wa.gov.au)

#### In Person

City of Perth  
Customer Service Counter  
Ground Floor, 27 St Georges Terrace, PERTH

#### By Post

Activity Approvals  
City of Perth, GPO Box C120  
PERTH WA 6839

Office Hours - Monday to Friday 8.30am to 4.30pm (Except Public Holidays)