## Crossover Subsidy Application Form



Please complete the Details Section on Page 1 of the form and return your application to Shire of Augusta Margaret River's Infrastructure Services at PO Box 61, Margaret River 6285 or email to <a href="mailto:amrshire.wa.gov.au">amrshire.wa.gov.au</a>.

## **Eligibility**

- Crossovers must be constructed in accordance with the Shire's Standards Requirements for Crossovers and detail drawings for Urban and Rural Residential Crossovers.
- The Shire's crossover subsidy is payable only to the property owner and a subsidy applied for within 6 months of completion of the residence.
- Crossover subsidy payments are only payable if a crossover is constructed with a sealed pavement surface and dimensions as specified in the Shire's Standard Requirements for Crossovers and detail drawings for Urban and Rural Residential Crossovers.
- The Shire subsidy is payable for sealed crossovers fronting sealed roads providing all other aspects of the requirements are adhered to.
- There is no subsidy applicable to additional crossovers on the one rateable property.

A copy of the Shire's Standards Requirements for Crossovers can be obtained by request please email <a href="mailto:amrshire.wa.gov.au">amrshire.wa.gov.au</a> for the attention of Infrastructure Services. Alternatively from our website at <a href="www.amrshire.wa.gov.au">www.amrshire.wa.gov.au</a> or collected from the main counter at the Civic Administration Office, Wallcliffe Road, Margaret River or Augusta Shire Office, Allnut Terrace, Augusta.

Details								
Name								
Postal Address:								
Email:				Phone:				
Bank Account:		BSB: Account Number:						
Bank Name:								
Account Name:								
I/We hereby make application for a council subsidy towards the crossover constructed to Shire specifications at the following property:								
House No:			Lot/Location No:					
Street Name:								
Materials Used (Please tick below)								
Sprayed Bitumen	Bitur	ninous Concrete (Hotmix/Asphalt)	Insitu d	concrete	Paving/Bricks/Blocks			
Name of Person Submitting Form				Date				

CROSSOVER SUBSIDY APPLICATION FORM

Office Use Only -All information provided is true and correct with supporting documentation attached								
Charge Code	Description (Enter Address)	GST (Y/N)	Total					
WK0067.53	Crossover Subsidy	N						
N & A Ref No: Creditor No:								
Payment Author Authorising Office	orised cer Digital Signature		New Creditor Approval (if applicable) Coordinator/Manager/Director or CEO Digital Signature					