ENFIELD COUNCIL

Application for a Vehicle Crossover

Please read the guidance notes before completing this form. Answer all questions clearly in BLOCK CAPITALS to help us process your application as quickly as possible.

FOR OFFICE USE ONLY				
Application No.				
Date Received				
Fee				
Receipt No.				

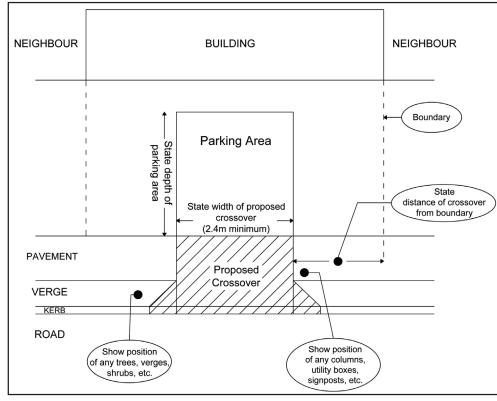
1	NAME AND ADDRESS OF APPLICANT	/AGENT to whom all corre	espondence will be	e sent
(Mr, N	Ars, Miss, Ms, Dr, etc.)			
Addr	ess			
		Postcode		
Emai	address	Contact tel. no		
a)	Are you the owner of the property/land the vehicle wi (If not, we require written consent from the owner of the we can process the application. We will confirm the well land owner. This consent is also required if you are a Consent is also you are a Consent is als	the property/land before ritten consent with the	Yes	No
	Written consent required and provided?		Yes	No
b)	If planning permission has been granted for a vehicle crossover, please provide the planning referen	ice no		
2	LOCATION OF THE PROPOSED CROSS	SOVER Address including pos	stcode (if different fr	om above)
3	WIDTH AND TYPE OF CROSSOVER RE	QUESTED (please tick app	propriate box)	
Firs	crossover (ie. there are no other crossovers alread	y constructed which serve th	is property)	
	crossover for one parking space (normally 2.4 metres)			
	rossover for two parking spaces side by side (normally	4.8 metres)		
\equiv	other width metres (between 2.4 metres			
Add	itional crossover (please ensure you meet the cri	iteria stated in the guidance r	notes)	
	vidth required metres (maximum 3.0 metres)		,	
Exte	ending an existing crossover			
	n of extension required metres (providing a cromaximum 3.0 metres for a second crossover).	ssover up to maximum 4.8 m	etres for a first cro	ssover or

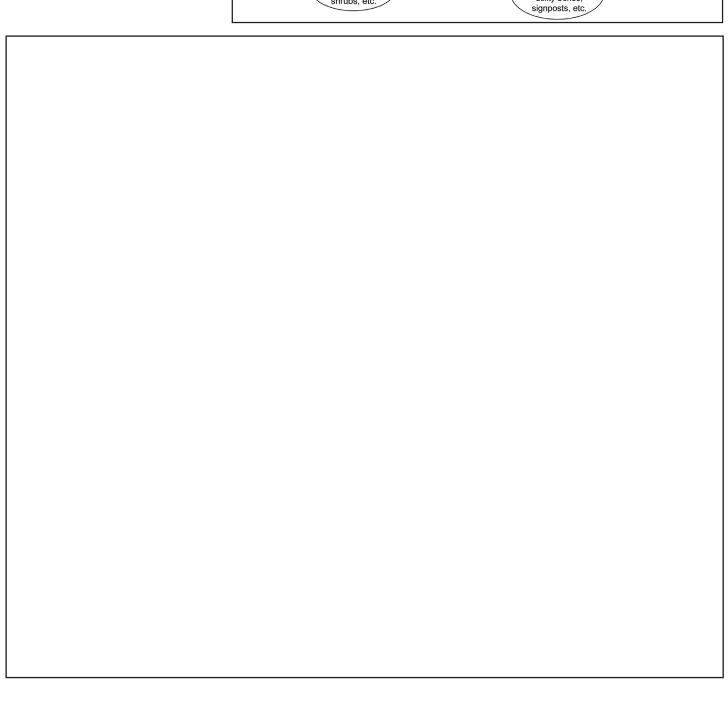
Please note where an access is shared by adjoining properties, the total continuous crossover width must not exceed 9.6 metres (4.8 metres per property).

4	ADDITIONAL INFORMATION				
	Please answer all questions by ticking the corre	ect box so	we can check whether plannin	g permission is r	equired.
a)	Is the property: house/bungalow maisonette flat industrial/commercial	b)	and is the property: Council-owned former Council-owned housing association owner-occupied rented		
c)	Will you need to build a parking area? If not, was your parking area built within the l	ast four y	rears?	Yes Yes	No No
d)	Do you intend to erect a wall or fence more than one metre high next to the public highway? Yes No		No		
e)	Will vehicles be crossing a grassed area or land which you do not control (apart from normal pavement /verge)?		ou do not control	Yes	No
	If yes, please give details				
f)	Does your property already have side or rear vehicular access?		access?	Yes	No
g)	Will you need to remove or carry out works to any trees on the property?		s on the property?	Yes	No
h)	Are you aware of any restrictions/covenants v	vhich affe	ect the property, eg:		
	 a tree is protected by a Tree Preservation C the property is a listed building relevant permitted development rights ha the property is within a conservation area If yes, please specify 	ve been	removed	Yes	No
5	DRAINAGE AND SURFACING a) How will you prevent surface water from decompositions and the surface water from decompositions and the surface water from decompositions are surface.	raining o	nto the highway? (Please refer t	:o the guidance।	notes.)
	b) How is the parking area surfaced, or how w Permeable (porous) surfacing eg. grass c Gravel with a stone size greater than 20m Asphalt/tarmac Paving slabs/blocks Other (please specify)	ellular pa	ving	diameter is not acc	ceptable)

6 SKETCH OR PLAN

Please show clearly below the existing or proposed parking area with approximate dimensions using metric measurements, and the location of the proposed crossover. Please refer to the guidance notes for an explanation of what to include. A sample diagram is given to help you.





Checklist

Please make sure you have entered/checked the following before submitting your application:				
1	HAVE YOU READ THE GUIDANCE NOTES?			
2	THE NAME AND ADDRESS OF THE APPLICANT / AGENT			
3	THE LOCATION OF THE PROPOSED CROSSOVER			
4	THE WIDTH OF CROSSOVER REQUESTED			
5	ANY ADDITIONAL INFORMATION			
6	DRAINAGE AND SURFACING			
7	THE SKETCH OR PLAN			
8	ENCLOSED A COPY OF THE BLUE BADGE IF APPLICABLE			
	(SEE 'EXEMPTIONS')			
9	ATTACHED YOUR PAYMENT OR FORWARDED YOUR ONLINE PAYMENT CONFIRMATION EMAIL TO <u>CROSSOVERS@ENFIELD.GOV.UK</u>			
	TOTAL TOTAL TO STOCK PRODUCTION OF THE PRODUCTIO			
10	DETACHED THE GUIDANCE NOTES AND KEPT FOR REFERENCE			
	DE MENEROLIS IN CONTROL HOLE AND REFERENCE			

Declaration

I hereby request Enfield Council, the highway authority, to approve with or without modifications the proposed crossover and, if approved, provide me with a quotation for the cost of the works as proposed by the Council.

I understand that during the assessment of the application it may be necessary for a Council Officer(s) to come onto the property and I confirm I have no objections to this, or I have obtained the necessary consent from the owner. (All members of staff are required to carry Council-issued identification cards.)

I agree that any vehicle parked on the property will not overhang the pavement.

I agree that no vehicle will be driven over the pavement until the crossover has been constructed.

I agree that no vehicle will be driven over the un-strengthened pavement to gain access to the property.

I understand that the authority has the right to refuse an application.

I understand that the authority will use this information to process my application and may share it with third parties in order to complete the process. I have read and understood the data protection information in the guidance notes provided.

Signature	 Applicant/Agent (please circle)
Date	

Please ensure:

- 1. You have read the guidance notes and understood them. Please contact us if you have any gueries.
- 2. You have answered all parts of this form. If incomplete, your application may have to be returned or remain unprocessed until the required information is received.
- 3. You have attached your payment or forwarded your online payment confirmation email to **crossovers@enfield.gov.uk**. We will not put your application in the queue for processing until both the fully completed form and payment confirmation have been received.
- 4. You send the completed form to the email or address below.

Please return this form by email to crossovers@enfield.gov.uk

Or by post to:

The Crossover Team Highway Services Enfield Council A Block, Civic Centre Silver Street Enfield EN1 3XD

