

**PRINCIPAL OFFICE:**  
 8 Elizabeth Street, Maitland  
 Telephone (08) 8832 0000

**ALL CORRESPONDENCE TO:**  
 PO Box 57, MAITLAND, SA 5573  
 Fax (08) 8853 2494  
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<b>SECOND PROPERTY ACCESS</b>	SF153
	Responsible Officer: Operations Manager
	Issue Date: 14.05.2014
	Next Review Date: May 2016

**OWNER Details**

Surname: \_\_\_\_\_

First Given Name: \_\_\_\_\_

Last Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT Details**

Surname: \_\_\_\_\_

First Given Name: \_\_\_\_\_

Last Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DRIVEWAY Details**

House number: \_\_\_\_\_

Street Name: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Township: \_\_\_\_\_

*Please sketch a plan of your allotment in the space provided below and detail the preferred location and width of your additional access:*

*Please select one of the following options:*

- I shall enlist a private contractor to undertake these works All works will be completed to the satisfaction of Assets & Infrastructure Services Staff; or*
- I require Council to undertake the works. Please provide me with a quotation.*

**OFFICE USE ONLY**

Area (m2): _____	Approval Granted: <input type="checkbox"/> yes <input type="checkbox"/> no
Debtor Account Required? <input type="checkbox"/> yes <input type="checkbox"/> no	Debtor Account Number: _____
Cost: _____	Date: _____
Approving Officer's Name: _____	Approving Officer's Signature: _____