

Application No : \_\_\_\_\_



**Hampshire**  
County Council

Highways Act 1980 - section 184

**Application for a vehicle crossing over footway**

Issuing office

**Notes to be read by the applicant**

1. The applicant shall read these notes, the guidance notes and details overleaf.
2. The applicant is requested to complete this form in BLOCK CAPITALS, sign it and send it to Hampshire Highways at the Issuing Office address detailed above.

**1. Name and Address of Applicant (for correspondence)**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Post Code : \_\_\_\_\_  
Tel. No. (daytime) : \_\_\_\_\_ Tel. No. (home) : \_\_\_\_\_  
(if different from daytime)  
e-mail address : \_\_\_\_\_

**2. Address of property where crossing is required (if different from 1. above)**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Post Code : \_\_\_\_\_  
Type of property : House  Flat  Maisonette  Other – Specify .....  
Do you own this property? YES  NO   
If not, have you consent from the owner for works to be carried out ? YES  NO

**3. Location**

Name of road that the crossing will open on to : \_\_\_\_\_  
(Note : if crossing opens on to a classified road, Planning Consent must be obtained. You will be advised if this is required).  
Please complete the diagrams overleaf to mark the position of the crossing relative to your property boundary

**4. Vehicle Details**

Will only a private car use the crossing? YES  NO   
If 'NO' please state type and Gross Vehicle Weight  
(from Manufacturer's plate) of heaviest vehicle to use crossing : \_\_\_\_\_

**5. Construction information**

Is the crossing required as part of other building works such as  
the construction of a new dwelling or commercial premises ? YES  NO   
If 'YES' please give some details of other work : \_\_\_\_\_

Do you wish to appoint your own private contractor to carry out the works ? YES  NO  Undecided   
If 'YES' please give name and address of contractor. Name : \_\_\_\_\_  
Address : \_\_\_\_\_

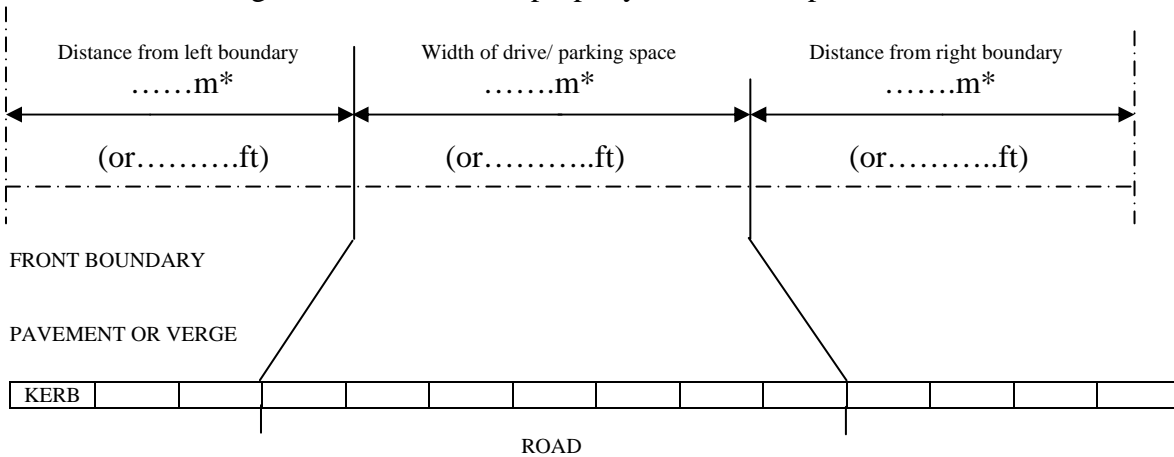
I request permission for a vehicle crossing in accordance with the information above and on the diagram overleaf

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

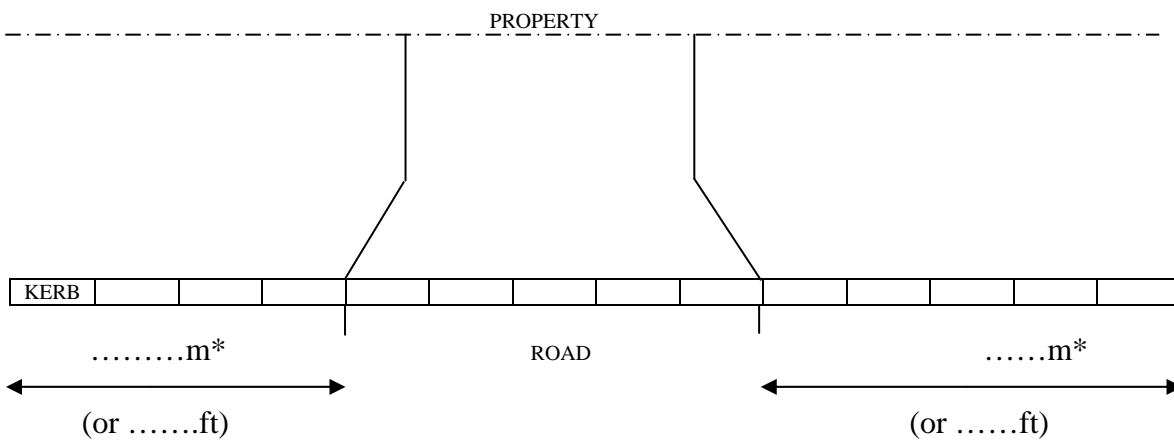
**For office use only**

APPLICATION APPROVED: YES\* \_\_\_\_\_ NO\* \_\_\_\_\_  
\*delete as appropriate  
Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

For a **new access** please mark on the plan below the width of the driveway and its distance from the left and right boundaries of the property. Please complete dimensions shown with \*



If an **existing access** is to be widened then please indicate on the plan below the amount and whether the access is to be widened on the left or the right. If the proposed layout cannot be readily shown below, please include a separate plan.



Or please sketch (use separate sheet if necessary)