



WAIROA DISTRICT COUNCIL
PO Box 54 Wairoa 4192
Tel. 06-838-7309 Fax 06-838-8874

APPLICATION TO CONNECT TO PUBLIC SEWERAGE SYSTEM

I/We hereby make an application for permission to connect to the public sewerage system and agree to pay the normal charges in accordance with the requirements of the Council bylaws.

FULL NAME AND ADDRESS OF OWNER OF PROPERTY (Block letters)

SURNAME: _____

CHRISTIAN NAMES: _____

POSTAL ADDRESS: _____

CONTACT PHONE NO.: _____

LEGAL DESCRIPTION OF PROPERTY (Available from the rate demand)

| VALUATION NUMBER | LEGAL DESCRIPTION | STREET AND NUMBER |
|--|-------------------|-------------------|
| <i>The full description of the property must be supplied</i> | | |

TYPE OF DWELLING

- | | |
|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Existing |
| <input type="checkbox"/> Single Dwelling | <input type="checkbox"/> Flats - state number _____ |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Other (please state) _____ | |

NUMBER OF FIXTURES (WC PANS): _____ SIZE OF DRAIN: _____

NAME OF LICENSED DRAINLAYER: _____
(who will carry out the work on the property)

NUMBER OF CONNECTIONS EXISTING: _____

LOCATION:

Attach a site plan showing the location of the required connection in relation to the property boundaries. Contact must be made with the Council Office to determine the location of the existing sewer prior to application.

A deposit of \$100.00 is paid with this application and I hereby agree to pay any further charges as are necessary and to comply with the Wairoa District council Bylaws.

Dated this _____ day of _____ 20 _____

SIGNED BY: _____ Applicant

Property Owner's Signature

In all cases the invoice for any additional charges will be sent to the ratepayer (owner).