



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

## APPLICATION TO CONNECT TO PUBLIC STORMWATER SYSTEM

I/We hereby make an application for permission to connect to the public stormwater 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

*The full description of the property must be supplied*

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) _____ |   |

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 stormwater 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  
\_\_\_\_\_ Print Name of Applicant  
\_\_\_\_\_ Print Address of Applicant  
\_\_\_\_\_

Property Owner's Signature

In all cases the invoice for any additional charges will be sent to the property owner.