



WAIROA DISTRICT COUNCIL

+64 6 838 7309
+64 6 838 8874
customerservices@wairoadc.govt.nz

www.wairoadc.govt.nz
PO Box 54, Wairoa 4160, Hawke's Bay
Coronation Square, Queen Street, Wairoa

APPLICATION FOR SERVICE CONNECTION - WATER/SEWER/STORMWATER

Application for a service connection (water, sewer, stormwater), complying with Part 5 - Water Supply, Part 8 - Wastewater and Part 10 - Stormwater of the Consolidated Bylaw 2022.

The application fee can be found on the Fees & Charges page of Council's website. Head to www.wairoadc.govt.nz and search for 'fees & charges'. All associated costs, including the application fee, will be invoiced upon completion of the job.

The Council's Contractor will send the quote directly to the Applicant's postal address. The Applicant must then correspond directly with the Contractor for the installation of the connection. This application does not guarantee a service connection.

For more information, please contact Council on (06) 838 7309.

Please answer all questions fully.

Applicant Details

Full Name _____

Postal Address _____
_____ Post Code _____

Email Address _____

Phone Number _____

Address of Premises _____
_____ Post Code _____

I am... (please tick)

Owner

Authorised Agent
(please state your connection with
development (e.g. surveyor, builder,
drainlayer)) _____

Details of Premises

Description
(e.g. house, trade premises) _____

Location Plan with detailed
measurements
(please tick once attached) Attached to this application

Building Consent No. or RM#
(if applicable) _____

Valuation Number _____

Legal Description
(e.g. Lot and DP No.) _____

Customer Number _____

Application is in conjunction with (please tick)

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial |

Which connections are required and how many (please tick and fill in)

- | | | |
|--|----------|-------|
| <input type="checkbox"/> Water | Quantity | _____ |
| <input type="checkbox"/> Fire Protection | Quantity | _____ |
| <input type="checkbox"/> Sewer | Quantity | _____ |
| <input type="checkbox"/> Stormwater | Quantity | _____ |

Application & Declaration

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

I hereby apply for (a) service connection(s) complying with Part 5 - Water Supply, Part 8 - Wastewater and/or Part 10 - Stormwater of the Consolidated Bylaw 2022 and I certify that to the best of my knowledge and belief the information given in this application is complete and accurate.

Signed by (or as authorised Agent of) the Applicant _____

Full name of person lodging this form _____

Date _____

WDC Office Use Only

Contractor please install the following connections

- | | | | |
|--|--|-------|-----------------------|
| <input type="checkbox"/> Water | Connection Size | _____ | mm (internal ϕ) |
| <i>At property boundary</i> | Toby Type | _____ | |
| | Meter ID | _____ | |
|
 | | | |
| <input type="checkbox"/> Fire Protection | Connection Size | _____ | mm (internal ϕ) |
| <i>At property boundary</i> | Toby Type | _____ | |
| | Meter ID | _____ | |
|
 | | | |
| <input type="checkbox"/> Sewer | Connection Size | _____ | mm |
| | <input type="checkbox"/> To manhole | | |
| | <input type="checkbox"/> To main sewer | | |
| | <input type="checkbox"/> To branch drain | | |
|
 | | | |
| <input type="checkbox"/> Stormwater | Connection Size | _____ | mm |
| | <input type="checkbox"/> To manhole | | |
| | <input type="checkbox"/> To kerb and channel | | |
| | <input type="checkbox"/> To piped drain | | |
| | <input type="checkbox"/> To open drain | | |

Instruction To Contractor

RFS # _____ on ____ / ____ / ____

Due date for completion _____ / _____ / _____

- Inspection required
- Cost of new connection to be charged directly to the Applicant by the Contractor

Further Comments or Instructions

Approval

This is approval to make connection, given by:

Full name
(3 Waters Department) _____

Date _____

Receipt No. _____