



# WAIROA DISTRICT COUNCIL

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## TRADE WASTE PERMIT

Please fill out this form if you wish to apply for a permit to discharge trade waste to the public wastewater system, complying with Part 9 - Trade Waste of the Consolidated Bylaw 2022.

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

**Please answer all questions fully.**

### Applicant Details

Permit Holder Trade Name \_\_\_\_\_  
Full Name of Applicant \_\_\_\_\_  
Address of Trade Premises \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Customer Number \_\_\_\_\_

### Correspondence Details *(if different from above)*

Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Post Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Activity Details

Trade Activity \_\_\_\_\_

In response to, and in terms of, the information declared in your application of ..... (date) to discharge trade waste from the above premises, the permission of the Council is hereby given for the term and subject to the conditions set out below.

1. This permit relates to a: *(please tick)*

- |   |  |
|---|--|
| <input type="checkbox"/> Proposed new discharge           | <input type="checkbox"/> Renewal of a permit             |
| <input type="checkbox"/> Existing non-permitted discharge | <input type="checkbox"/> Variation to an existing permit |

2. That the provisions of the Wairoa District Council Trade Waste Bylaw 2022 are complied with at all times.

3. That this permit is valid for a period of \_\_\_\_\_ years.  
This permit will expire on \_\_\_\_\_ (date)

4. That the trade waste discharged under this permit shall consist only of wastes from the following processes:

5. That this permit is for a: *(please tick)*

- Permitted trade waste discharge
- Conditional trade waste discharge and subject to the specific conditions set out in the Schedule attached

### 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 trade waste permit complying with Part 9 - Trade Waste 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 the Applicant  
*(for and on behalf of the Wairoa District Council)*

\_\_\_\_\_

Full name of person lodging this form

\_\_\_\_\_

Date

\_\_\_\_\_

### WDC Office Use Only

Permit Number

\_\_\_\_\_

Application Number

\_\_\_\_\_

File Number

\_\_\_\_\_

### Approval

This is approval to discharge, given by:

Full name  
*(3 Waters Department)*

\_\_\_\_\_

Date

\_\_\_\_\_

Receipt No.

\_\_\_\_\_