



WAIROA DISTRICT COUNCIL

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WAIVER OF STORMWATER PERMIT

Please fill out this form if you wish to apply for a waiver of a permit to discharge stormwater to the public stormwater drainage network, complying with Part 10 - Stormwater 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	_____
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In terms of the information declared on this form to discharge uncontaminated stormwater from the above premises, the permission of the Council is hereby given 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 Stormwater Bylaw 2022 are complied with at all times.
3. That only uncontaminated stormwater is discharged to the Council stormwater drainage network from the premises under this permit waiver.
4. That any change in this discharge will require a new application for a Stormwater Permit.

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 waiver of stormwater permit complying with 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 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 waiver is given by:

Full name
 (3 Waters Department)

Date

Receipt No.
