



WAIROA DISTRICT COUNCIL

ENGINEERING DEPARTMENT

+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 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.

Section One | Full Name and Address of Owner of Property *(block letters)*

Last name: _____
First name: _____
Postal address: _____
Contact phone no.: _____

Section Two | Legal Description of Property *(available from the rate demand) (The full description of the property must be supplied)*

Valuation number: _____
Legal description: _____
Street and number: _____
Contact phone no.: _____

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 \$35.00 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.

Section Six | Signature *(Complete all fields)*

Date: _____

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.