WAIMAKARIRI
DISTRICT COUNCIL

APPLICATION TO CONNECT TO THE COUNCIL'S SEWER

I/We hereby apply for permission to connect to the Council's sewer to service my property at:

Street address: ……..

Valuation Number: …….. Lot: …… DP: …….. Lot Area: ……

Comprising the following building/s (i.e. one dwelling unit, flats, etc) ……
……..

Sewer

Scheme: (*please tick*)

Kaiapoi ☐ Mandeville ☐ Oxford ☐ Pines/Kairaki ☐ Swannanoa ☐ Tuahiwi ☐

Rangiora ☐ Waikuku ☐ Woodend ☐ Woodend Beach ☐ Loburn Lea ☐ Fernside ☐

Pegasus Town ☐

Connection Type: (*please tick*)

Domestic ☐ Multi Unit ☐ Rural ☐ Commercial ☐ Trade Waste ☐

Road Opening Permit: (*please tick*)

Is a road opening permit required	Yes ☐	No ☐
Has a road opening permit been applied for	Yes ☐	No ☐

Traffic Management Plan: (*please tick*)

Is a Traffic Management Plan required	Yes ☐	No ☐
Has a Traffic Management Plan been submitted	Yes ☐	No ☐

Erosion and Sediment Control Plan: (*please tick*)

Is an Erosion and Sediment Control Plan required	Yes ☐	No ☐
Has an Erosion and Sediment Control Plan been submitted	Yes ☐	No ☐

Proposed location of the connection

Please sketch the location (i.e. distance from boundaries)

Note: The building consent application does not accompany this form. If no plans are supplied the application will be declined and return.

Key Personnel

I/We intend the work to be carried out by the contractors recorded below.

Designer/Certifier

Name: ……

Address: ……

Contact Phone Numbers: ……..

Contractor

Name: ……

Address: ……

Contact Phone Numbers: ……..

Drainlayer

Name: ……

Address: ……

Contact Phone Numbers: ……..

Registration Number: ……

Trenching Contractor

Name: ……

Address: ……

Contact Phone Numbers: ……..

Traffic Management (STMS)

Name: ……

Address: ……

Contact Phone Numbers: ……..

Registration Number: ……

The Council will undertake inspections and checking. The applicant or their authorised agent shall notify the Council at least one working day prior to commencing works to enable audit inspections required to be carried out.

I/We have read the notes and conditions that accompany this application form and agree to pay the required sum. I understand that any connection will be approved only after this application has been checked and the service is shown to be available.

Applicants Signature

Signature: _____ Name:_____ Date: _____/____/____

Waimakariri District Council, Private Bag 1005, Rangiora - Telephone 03 311 8900, Fax 03 313 4432

FOR OFFICE USE ONLY Date Received: ...../...../.....

Service Request No: …… BC No: …… RC No: …… Val No: ……

……
(Signature and Designation)

	$	GL
Development Contribution Fee		
Lateral connection Fee		
Road opening Fee		
Inspection Fee		
	Invoice Total	

Approval to connect to scheme: …… Date:
(Signature and Designation)

Charged -----/-----/----- Invoice No

Entered on Rates:

Audit Date:

As Built Plans:

Copy on property file:

All approvals confirmed: …… Date:

(Signature and Designation)

For Sewer Capital Contributions and Charges, refer to the current Annual Plan.