

APPLICATION TO CONNECT TO THE COUNCIL'S SEWER

Applicant Name:

Phone: Mobile: Email:

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 (ie one dwelling unit, flats, etc)

Sewer

Scheme: *(please tick)*

Pines/Kairaki <input type="checkbox"/>	Kaiapoi <input type="checkbox"/>	Ohoka <input type="checkbox"/>	Mandeville <input type="checkbox"/>	Swannanoa <input type="checkbox"/>
Waikuku Beach <input type="checkbox"/>	Woodend Beach <input type="checkbox"/>	Rangiora <input type="checkbox"/>	Tuahiwi <input type="checkbox"/>	Pegasus <input type="checkbox"/>
Woodend <input type="checkbox"/>	Fernside <input type="checkbox"/>	Oxford <input type="checkbox"/>	Loburn Lea <input type="checkbox"/>	

Connection Type: *(please tick)*

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

Carriageway Access Request: *(please tick)*

Is excavation taking place in the road reserve	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Carriageway Access Request been made	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Location Plans for Utility Services in the road reserve are available through www.beforeudig.co.nz

Traffic Management Plan: *(please tick)*

Is a Traffic Management Plan required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a Traffic Management Plan been submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Is an Erosion and Sediment Control Plan required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has an Erosion and Sediment Control Plan been submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 returned.

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.

Applicant's Signature

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

Rangiora Service Centre

Waimakariri District Council
215 High Street
Private Bag 1005, Rangiora

Phone 0800 965 468 (0800 WMK GOV) / **Email** records@wmk.govt.nz

Kaiapoi Service Centre

Waimakariri District Council
Cnr Williams Street and Raven Quay
Kaiapoi

Phone (03) 375 5008

Oxford Service Centre

Waimakariri District Council
34 Main Street
Oxford

Phone (03) 311 9005

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.