Waimakariri District Council
215 High Street
Private Bag 1005
Rangiora 7440, New Zealand
Phone 0800 965 468

Permit to Work Around Critical Services

Please email your application to IM@wmk.govt.nz or submit to one of our service centres.

NOTE: Issued subject to 'Conditions relating to the work around WDC critical services'.

Applicant details

Full name: _____

Company: _____

Email address for enquiries: _____

Contact number for enquiries: _____

Project details

At what stage is the project: ☐ Investigation ☐ Design ☐ Tender ☐ Construction

Address/location of works: _____

Resource Consent number, if applicable: _____

Waimakariri District Council contract number, if applicable: _____

Other – please specify: _____

Date(s) of works: _____

Summary of works—what is the nature of the work to be carried out—e.g. installation or maintenance of fibre, power etc.?

Please list the Waimakariri District Council assets in the vicinity of this work:

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What methodology will be used to carry out the works—e.g. trenching, hydro-excavation, drilling, thrusting?

What plant will be onsite? (**NOTE:** Include rated weight of plant.)

☐ Tick to confirm infrastructure plans have been included.

☐ Tick to confirm methodology has been included.

NOTE: Please attach any maps, plans or drawings that may be of relevance.

Cost of Water Unit stand-over

The applicant is not charged for stand-overs for capital projects where the Council is the Principal. The applicant agrees to pay for all costs associated with the Water Unit stand-over and all work to inspect, test and commission the new infrastructure. This will be charged at $107.97 per hour including GST which will be invoiced after the completion of works.

Details for the invoice

Company/name: _____

Billing address: _____

Critical services - permit application

Additional information:

Applicant sign off

I declare that the above information is correct and I understand that all conditions are to be adhered to at all times. I accept there may be a cost where a standover is required.

Signature: _____ Date: _____

PLEASE NOTE - *A signature is not required if you submit this form electronically. By entering your name in the box above you are giving your authority for this application to proceed.*

Please send your application to **IM@wmk.govt.nz** or submit to one of our service centres. If you have any further enquiries or require assistance please either email **water.asset@wmk.govt.nz** or phone 0800 965 468.

Office use only

☐ Water Unit standover required.

Authorising officer name: _____

Signature: _____ Date: _____

You are hereby authorised to carry out the works stated in this permit, as per the 'Conditions Relating to the Work near WDC Critical Services'.

Conditions of approval: