WAIMATE DISTRICT COUNCIL
ASSET MANAGEMENT SERVICES

APPLICATION FOR URBAN SERVICES

Three Waters Manager
Waimate District Council
PO Box 122
WAIMATE 7960

SA _____

Please use this for the following: **Urban Water** **Sewer** **Storm Water**

Please note: This application does not constitute approval to connect to services.
A reply letter will be sent to your mailing address

DETAILS OF APPLICANT

Applicants Name: _____

Owners Name: _____

Postal Address: _____

_____

Email: _____

Telephone: Home: _____Work: _____ Cell: _____

DETAILS OF PROPERTY REQUIRING SERVICE

Property Address: _____

_____

Legal Description: Lot / Section _____

D.P. No _____

Block_____ Survey District_____

Valuation No: _____

Signature of Applicant: _____
Primary Application Fee for one (1) three water service $285.00 per Valuation # or Dwelling: _____
For each additional three water service required connected to a primary application $150.00 each: _____
PAID: _____ DATE: _____
BANK Account No: 010-893-0005000-00 Ref: Water

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SKETCH PLAN – Please provide a plan or sketch below, showing the desired location of the services (s) requested. Please include distances to boundaries.

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APPLICATION FOR WAIMATE URBAN SERVICES

I hereby make an application for approval to connect the following service(s):

Is this application due to proposed subdivision? **Yes / No**

Resource Consent No. if applicable: _____

Services are required for: **New Build** **Existing Dwelling** **Status Change**

If applying for Status Change, please circle the applicable services: **Urban Water** **Sewer**

Building Consent No. if applicable: _____

Services are required for: **Residential** **Non-Residential**

If services are required for Non-Residential purposes, please provide details:

_____

URBAN WATER Diameter of connection required _____mm

20mm is normal for a single dwelling

SEWER Number of Water Closets _____

Number of Urinals _____

STORMWATER Number of Connections required _____

Contractors Name: _____

NOTES:

_____

_____