



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 \$250.00 per Valuation # or Dwelling: _____

For each additional three water service required connected to a primary application \$125.00 each: _____

PAID: _____ DATE: _____

BANK Account No: 010-893-0005000-00 Ref: Water



Waimate
District Council

WAIMATE DISTRICT COUNCIL
ASSET MANAGEMENT SERVICES

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

A large empty rectangular box provided for drawing a sketch plan.

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**

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:

