**BUILDING CONSENT NO OR RM #.** *(If*

*applicable)*

............................................................................................

**VALUATION NUMBER**

............................................................................................

**LEGAL DESCRIPTION** *(Lot and DP No.)*

**CENTRAL HAWKE’S BAY DISTRICT COUNCIL**

Ruataniwha Street, PO Box 127, Waipawa, 4240, New Zealand, Telephone (06) 857 8060, Fax (06) 857 7179 Email info@chbdc.govt.nz, [www.chbdc.govt.nz](http://www.chbdc.govt.nz/)

**Application for Service Connection**

**Water/Sewer/Stormwater**

**APPLICATION MADE BY**

NAME: ...........................................................................................................................................................................

ADDRESS OF PREMISES: ..........................................................................................................................................

........................................................................................................................................................................................ POSTAL ADDRESS OF OWNER/AGENT: ..................................................................................................................

........................................................................................................................................................................................

PHONE: ......................................................

Fax/e mail: ................................................................................

* OWNER

 AUTHORISED AGENT .................................................................................................................................

*(Please state your connection with the development – e.g. surveyor, builder, drainlayer etc.)*

**DESCRIPTION OF DEVELOPMENT**

*(E.g. house, flats, 3 townhouses on a cross lease title etc.)*

...........................................................................

...........................................................................

**LOCATION PLAN**

*Detailed with measurement between LHB & RHB*

* ATTACHED

IS THIS APPLICATION IN CONJUNCTION WITH A SUBDIVISION

* YES/NO
* RESIDENTIAL
* COMMERCIAL
* INDUSTRIAL

**CONNECTIONS REQUIRED AND NO.**

* WATER x ……….
* SEWER x ……….
* STORMWATER x ……….

**TERMS AND CONDITIONS**

**Application fee can be found on the Fees and Charges Page at- https://www.chbdc.govt.nz/our-council/fees-and-costs/current/**

Council’s Contractor will send the quote directly to the Applicant’s postal address. The Applicant must then correspond directly with the Contractor for connection installation.

If approved connections are not installed within 6 months of quote date, the application will become invalid.

The submission of this application does not guarantee a service connection.

………………………………….. ………./………./……….

**SIGNATURE OF APPLICANT DATE**

# FOR OFFICE USE ONLY

N:\Admin\Website Documents\Fees & Charges 18 - 19\20180701-NewConnectionToServicesApplication.pdf.docx

**CONTRACTOR** *please install the following connections:*

* WATER Connection Size: ................ mm (internal Ø) Toby Type: ..................................................

Metered Connection: NO YES 

 SEWERAGE Connection Size: ................................... mm

To Manhole 

To Main Sewer 

To Branch Drain 

 STORMWATER Connection Size: ................................... mm

To Manhole 

To Kerb and Channel 

To Piped Drain 

To Open Drain 

Instruction to Contractor RFS # …………………………………….……………………. on ………./………./………. Due date for completion ………./………./……….

* Inspection required
* Cost of new connection to be charged directly to the Applicant by the Contractor.

# FURTHER INSTRUCTIONS

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Approval to make connection given by: ………………………………………………. Date ………./………./……….

*Utilities Department*