



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

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.)

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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

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

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VALUATION NUMBER

.....

LEGAL DESCRIPTION *(Lot and DP No.)*

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.

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SIGNATURE OF APPLICANT **DATE**

FOR OFFICE USE ONLY

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