

Application for Sewer Connection

	P.I.C Number					Property Account Number											
			,	•								,					
PROPERTY DETAIL	.8																
Street No.		Lot No.			Stre	eet N	lame:										
Suburb: Post Code:																	
OWNER DETAILS																	
Name:								Ph	one:								
DETAILS OF PLUME	BING WORK	S															
Occupancy Type	(No.)	<u>Descr</u>	iption of	<u>Work</u>						N	ew Fiz	ktures	to be	Con	nected	<u>L (No</u>	<u>).)</u>
1. House		1. Con	nect existir	ng dwelling	to sewer					1.	Toilet						
2. Office		2. Alter existing plumbing — (give detail				ails)	ils) 2. Bath										
3. Shop		3. Disconnect drains from sewer					3. Basin										
4. Factory		4. Extensions*					4. Kitchen sink										
5. Flat		5. Connect new building to sewer *					5. Laundry trough										
6. Motel / Park		6. Connect swimming pool filter to sew				wer*	er* 6. Shower										
7. Other		7. Insta	all addition	al fixtures					_]	7.	Dishwa	asher					
Details:									_								
APPLICATION FEES	3																
TOTAL FEES	\$							d res			Conr	necti	on	•	9.15 .O.A		
*NOTE - Applie fees and provis	cations V sion of a	VILL NOT BUILDIN	BE PR	OCESSI	ED wit	hou or al	t <u>FU</u> teration	LL P	AYM xtensi	ENT ons)	of ap	plic	ation	l			
PLUMBER DETAILS				- `						·							
In lodging this application, the applicant declares that they are authorised by the owner or occupier to make this application on their behalf and agree to the Conditions of Connection. Name:																	
Address:																	
Suburb:	Post Code:			Phone :													
Mobile:	Fax:				Licence No.												
E-mail address:																	
PLUMBERS DECLA	RATION																_
I have advised the owner that Access Charges will apply from the first day of the next billing period. (July/Oct/Jan/Apr)									_								

- 2. I will ensure the works are carried out in accordance with Westernport Water 's By-Laws
- 3. I will ensure that an accurate "As Constructed" Drainage Plan is lodged with Westernport Water immediately following the drain installation/

Office Use Only
To be completed by Westernport Water

PAYMENT DETAILS								
Receipt No.:	Date:	/	/					
ASSET DEPARTMENT AUTHORISATION								
Authorised: Initials: Signed:	Date:	/	/					
PROCESSING AUTHORISATION								
CSO Checked:	Date:	/	/					
ACSO Authorised:	Date:	/	/					
Approval Number: Crm Num	ber:							