



Application for Sewer Connection

P.I.C Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Property Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PROPERTY DETAILS

Street No.

Lot No.

Street Name:

Suburb:

Post Code:

OWNER DETAILS

Name:

Phone:

DETAILS OF PLUMBING WORKS

Occupancy Type (No.)	Description of Work	New Fixtures to be Connected (No.)
1. House <input type="checkbox"/>	1. Connect existing dwelling to sewer <input type="checkbox"/>	1. Toilet <input type="checkbox"/>
2. Office <input type="checkbox"/>	2. Alter existing plumbing — (give details) <input type="checkbox"/>	2. Bath <input type="checkbox"/>
3. Shop <input type="checkbox"/>	3. Disconnect drains from sewer <input type="checkbox"/>	3. Basin <input type="checkbox"/>
4. Factory <input type="checkbox"/>	4. Extensions* <input type="checkbox"/>	4. Kitchen sink <input type="checkbox"/>
5. Flat <input type="checkbox"/>	5. Connect new building to sewer* <input type="checkbox"/>	5. Laundry trough <input type="checkbox"/>
6. Motel / Park <input type="checkbox"/>	6. Connect swimming pool filter to sewer* <input type="checkbox"/>	6. Shower <input type="checkbox"/>
7. Other <input type="checkbox"/>	7. Install additional fixtures <input type="checkbox"/>	7. Dishwasher <input type="checkbox"/>

Details:

APPLICATION FEES

TOTAL FEES

\$

--

Standard residential Connection **\$176.80**
 All other connections **P.O.A**

*NOTE - Applications WILL NOT BE PROCESSED without FULL PAYMENT of application fees and provision of a BUILDING PLAN. (Not required for alterations/extensions)

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 DECLARATION

- I have advised the owner that Access Charges will apply from the first day of the next billing period. (July/Oct/Jan/Apr)
- I will ensure the works are carried out in accordance with Westernport Water 's By-Laws
- I will ensure that an accurate "As Constructed " Drainage Plan is lodged with Westernport Water immediately following the drain installation/alteration.

I HAVE READ AND ACCEPT THE ABOVE CONDITIONS SIGNATURE _____

METHOD OF PAYMENT

Cash Cheque Credit Card Name: _____ Signature: _____

Visa Mastercard Card No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: _____ / _____

Office Use Only
To be completed by Westernport Water

PAYMENT

Receipt No.:

--	--	--	--	--	--	--	--

 Date: _____ / _____ / _____

ASSET DEPARTMENT AUTHORISATION

Authorised Initials: _____ Signed _____ Date: _____ / _____ / _____

PROCESSING AUTHORISATION

Checked CSO: _____ Date: _____ / _____ / _____

Authorised ACSO: _____ Date: _____ / _____ / _____

Approval Number

--	--	--	--	--	--	--

 Crm Number

--	--	--	--	--