



## Site/Location Details

Address:	Town:
Legal Description:	Lot Size (ha):
Val Ref:	Parcel No.

### Details of Owner:

### Details of Applicant (if different from Owner):

Name:	Name:
Postal Address:	Postal Address:
Email:	Phone:
Email:	Phone:

### Proposed Use:

Domestic-Building  Horticulture-Agriculture  Commercial/Industrial-New Building  Other  \_\_\_\_\_

### Signed by or on behalf of the Owner:

Signed: ..... Date: .....

Name: .....

*Consent is requested to connect to Council's water mains at the above address subject to the Terms and Conditions of Supply (attached) and terms of the Western Bay of Plenty District Council General Bylaw and Water Supply System Bylaw 2008*

### Conditions:

#### Condition 1:

You must nominate one of the Approved Contractors listed below and make your own arrangements for them to carry out the "Installation Requirements". These contractors know the methods and materials required by the Western Bay of Plenty District Council and it is a condition of this consent that they do the work to Council's specified standards. Upon completion of the work the **nominated contractor** is required to sign the declaration and return this along with the As-Built information required overleaf.

- |                          |                                  |  |                     |
|--------------------------|----------------------------------|--|---------------------|
| <input type="checkbox"/> | 1. Veolia Water Services Pty Ltd | PO Box 297, Katikati 3166              | Phone: 07 5492661   |
| <input type="checkbox"/> | 2. Chappy Te Moni                | 218 Manoeka Road, RD3, Te Puke 3183    | Phone: 027 355 5137 |
| <input type="checkbox"/> | 3. JMC Ltd                       | PO Box 16070, Bethlehem, Tauranga 3147 | Phone: 027 549 9828 |
| <input type="checkbox"/> | 4. Armadillo 2007 Ltd            | PO Box 15090, Tauranga 3144            | Phone: 07 577 9265  |

#### Other Conditions:

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### Connection Details – To be completed by Council & Contractor

New Metered  Disconnection  Relocation

#### New Installation Requirements:

Connection:	Yes <input type="checkbox"/>	Diameter:	<input type="text"/>
Meter:	Yes <input checked="" type="checkbox"/>	Description:	<input type="text"/>
Manifold Backflow:	Yes <input checked="" type="checkbox"/>	Description:	<input type="text"/>
Other Backflow Device:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Description/Class:	<input type="text"/>

Contractor ..... Date Connected: .....

### Received By: (WBOPDC Office Use Only)

Application Fee	\$105.00	PLUS Part Year UAC	TOTAL FEE	Receipt No.
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CCO Name: ..... Signature: ..... Date sent to Rates Division: .....

#### Utilities Network Engineer: (please date as completed)

Approved Signature:	Advise Customer (if not approved):	Send form to Nominated Contractor
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**AS BUILT INFORMATION – To be completed by Contractor**

<b>Meter</b>	Meter Serial No.	<input type="text"/>	Meter Size:	<input type="text"/>	
<b>Meter Type &amp; Unit</b>	Domestic (M) <input type="checkbox"/>	Domestic (I) <input type="checkbox"/>	Commercial (M) <input type="checkbox"/>	Commercial (I) <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Model Number</b>		PSM (Kent) <input type="checkbox"/>	MSM (Kent) <input type="checkbox"/>	501 LM (Socam) <input type="checkbox"/>	Other <input type="checkbox"/>
	Date Installed	<input type="text"/> / <input type="text"/> / <input type="text"/>	Meter Reading	<input type="text"/>	

<b>Backflow Type</b>	Air Gap <input type="checkbox"/>	RPZ <input type="checkbox"/>	Double Check <input type="checkbox"/>	Detector check <input type="checkbox"/>
Backflow Serial Number	<input type="text"/>	Watts <input type="checkbox"/>	RMC <input type="checkbox"/>	Acuflow <input type="checkbox"/>

Location Description: (i.e. 30m from southern boundary, inside orchard shelter; 1m LHS driveway)  
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*Sketch of Location (show road and property boundaries and connection location with dimensions)*

**INSTALLATION (APPROVED CONTRACTOR)**

I, .....of .....(company)  
certify that the above connection was made to the standards required BY WBOPDC (Code of Practice for Development) and that the As-built information  
supplied is complete.  
Signed:.....IQP No:..... Date:...../...../.....

**RETURN FORM TO: Rates Co-ordinator, Western Bay of Plenty District Council, Private Bag 12803, Tauranga**

WBOPDC OFFICE USE ONLY:		DATE:	SIGNATURE:
1. Finance Department	Rates, Billing and Meter Data Recorded		
2. GIS Department	As-Built Data		
3. Information Services	Property File		

*The personal information on this form will be used by Council specifically for the purpose of processing and identifying the application.  
This form will then be placed within the property file, which is accessible to the public.*