

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: Urban zones Horticulture-Agriculture Commercial/Industrial-New Building
 Domestic Building: Rural, Lifestyle and Rural-Residential zones (NOTE: Restricted supply – tank system must be installed)
 Other

Conditions:

Condition 1 – Approved Contractor:

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. **Payment to the Contractor of choice is in addition to the fees noted below.**

<input type="checkbox"/>	1. Veolia Water Services Pty Ltd	PO Box 297, Katikati 3166	Phone: 07 549 2661
<input type="checkbox"/>	2. Chappy Te Moni	218 Manoeka Road, RD3, Te Puke 3183	Phone: 027 355 5137
<input type="checkbox"/>	3. Armadillo 2007 Ltd	PO Box 15090, Tauranga 3144	Phone: 07 577 9265
<input type="checkbox"/>	4. Loveridge Ltd	Po Box 14433 Tauranga 3143	Phone: 07 577 6348

Other Conditions:

Signed by or on behalf of the Owner:

- I request connection to Council's water mains at the above address and agree to the above conditions.
 I agree to the Terms and Conditions of Supply, and terms of the Western Bay of Plenty District Council Water Supply System Bylaw 2008

Signed: Date:

Name:

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"/>
Tank system	Yes <input type="checkbox"/> (required for new connections in Rural, Lifestyle and Rural-residential zones)		
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	<input type="text"/>	TOTAL FEE	<input type="text"/>	Receipt No.	<input type="text"/>
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CSR Name: Signature: Date sent to Rates Division:

Network Engineer Water: (please date as completed)

Approved Signature:	<input type="text"/>	Advise Customer (if not approved):	<input type="text"/>	Send form to Nominated Contractor	<input type="text"/>
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AS BUILT INFORMATION – To be completed by Contractor

Meter	Meter Serial No.	<input type="text"/>	Meter Size:	<input type="text"/>
Meter Type & Unit	Domestic (M)	<input type="checkbox"/>	Domestic (I)	<input type="checkbox"/>
	Commercial (M)	<input type="checkbox"/>	Commercial (I)	<input type="checkbox"/>
	Other	<input type="checkbox"/>		
Model Number	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" value=" / /"/>		Meter Reading	<input type="text"/>

Backflow Type	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="text"/>	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 Team, Western Bay of Plenty District Council, Private Bag 12803, Tauranga Mail Centre, Tauranga 3143
Or email to: rates@westernbay.govt.nz

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.*