

WORKS AND SERVICES DIRECTORATE

Connection of Water Services

Please note, there will be one water connection per property title. A site plan must be provided with this application.

Applicants Name / Address / Phone	
Name: _____	
Address: _____ _____	
Phone: _____	
Email: _____	
Address of Work (Street name / number) _____	
Email Invoice to: Applicant	<input type="checkbox"/>
Plumber:	<input type="checkbox"/>

Additional Information

<input type="checkbox"/> Site plan provided
Quote Number: _____
PLAN PROVIDED MUST BE LEGIBLE <i>Completion could take up to 15 working days from date of application</i>

Has subdivision been applied for? Yes / No
If yes, please provide consent number: SUB/20 ____ / ____

Has Building Consent been Applied for? Yes / No
If yes, please provide consent number: BDG/20 ____ / ____

Work Required to be Carried Out
<input type="checkbox"/> New Service Connection
<input type="checkbox"/> Size of Connection _____mm
<input type="checkbox"/> Plumbers Contact Details
Name: _____
Address: _____
Phone: _____

This Application Applies to:	
<input type="checkbox"/> Single Title	<input type="checkbox"/> Commercial Property
<input type="checkbox"/> Cross Leased	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Domestic Dwelling	
Legal Description of Work Location: _____	

Administration Only:		
Water Connection Application Number: 20 ____ / ____	Invoice Amount: _____	
Entered by: Name _____	Initial: _____	Date: ____ / ____ / ____

Contractor to Complete and Return the Whole Form to: ICC Water Operations		
Distance (m) from Boundary	Date	Signature
N S E W	/ /	
	/ /	
	/ /	

Water Tower Actions:		
Works Order:: _____	Is Connection Metered??	Yes / No
Name: _____	<input type="checkbox"/> Task Emailed	
Date: _____	<input type="checkbox"/> Fax to Water Tower (218 2810)	
Initial: _____		