



**Orange City Council**  
**PO Box 35 ORANGE NSW 2800**  
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[www.orange.nsw.gov.au](http://www.orange.nsw.gov.au)

## Utilities Application

**PLEASE ENSURE AT LEAST 1 BOX IS TICKED.**

- |  |  |
|--|--|
| <input type="checkbox"/> Water/Plumbing Works      | <input type="checkbox"/> Quote               |
| <input type="checkbox"/> On-site Sewage (Septic)   | <input type="checkbox"/> Fire Service        |
| <input type="checkbox"/> Sewer/Drainage Works      | <input type="checkbox"/> Building over sewer |
| <input type="checkbox"/> Pressure and Flow Test ** |  |

The information Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are:  
 Orange City Council Officers, Any other agent of Council. The supply of the information by you is voluntary.  
 If you cannot provide or do not wish to provide the information sought, Council may be unable to process your application.

U \_\_\_\_\_/201\_\_

PR: \_\_\_\_\_

PFT \_\_\_\_\_/201\_\_

Prop. no: \_\_\_\_\_

Q \_\_\_\_\_/201\_\_

Office Use: Application Numbers **17/201** \_\_\_/\_\_\_/\_\_\_ **27/201** \_\_\_/\_\_\_/\_\_\_ **35/201** \_\_\_/\_\_\_/\_\_\_.

*Application made under the Local Government Act 1993*

### PROPERTY DESCRIPTION

House Number: \_\_\_\_\_ Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Lot: \_\_\_\_\_ DP: \_\_\_\_\_ Strata Plan: \_\_\_\_\_

### OWNER DETAILS AND CONSENT

**Every property owner must sign this section.** As the owner of the above property, I/we consent to this application and to any subsequent inspections required to be undertaken by Council officers in the assessment of this application.

Name or Company Name/s: \_\_\_\_\_

Strata or Company Seal:

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Name (print): \_\_\_\_\_

Signature \_\_\_\_\_ Name (print): \_\_\_\_\_

\*\* Owner details not required for Pressure and Flow Test Only

### APPLICANT DETAILS

Name in Full \_\_\_\_\_ Phone no: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### DETAILS OF WORK

Please briefly describe **everything** requiring approval by Council

\_\_\_\_\_  
 \_\_\_\_\_

### NOTICE OF WORK

Plumbers Name: \_\_\_\_\_ Licence: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Contact Details: Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Date of commencement of works: \_\_\_/\_\_\_/\_\_\_ Est. date of completion of works: \_\_\_/\_\_\_/\_\_\_

Drainage work to comply with  PCA & AS/NZS3500 or  Alternative Solution

