

Date Received: \_\_\_\_\_

Property No: \_\_\_\_\_

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

Application made under the Local Government Act 1993

<b>Type of Consent or Approval Required:</b> Please ensure at least one (1) box is ticked	U _____/20__	17/20____/____/____
	PFT _____/20__	27/20____/____/____
	Q _____/20__	35/20____/____/____
<input type="checkbox"/> Water/Plumbing Works <input type="checkbox"/> On-Site Sewage (Septic) <input type="checkbox"/> Sewer/Drainage Works <input type="checkbox"/> Pressure and Flow Test	<input type="checkbox"/> Quote <input type="checkbox"/> Fire Service <input type="checkbox"/> Building over Sewer	

## Property Description

We need this information to correctly identify the subject land. This information is shown on the rates notices, property deeds etc.

Street Number	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot	DP	Strata Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Applicant Details

This information will be used as Council's point of contact while assessing the development application

Please select one type:     Individual/s    **OR**     Organisation/Company

Name in Full

Preferred Postal Address

Postcode

Phone

Email

Fax

## Owner Details and Consent (\*\*Not required for Pressure and Flow Test Only)

Please note - every property owner must sign this section, or attach a letter signed by all owners with the same declaration.

**Declaration:** As the Owner/s 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 /Company Name		Strata or Company Seal	
<input type="text"/>		<input type="text"/>	
Preferred Postal Address			
<input type="text"/>			
Phone	Email		
<input type="text"/>	<input type="text"/>		
Signature	Name (print)	Signature	Name (print)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**or**  Refer to attached letter/s. (Please tick if declarations are attached)

## Details of Work

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

_____ _____ _____
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### Water Service

<input type="checkbox"/> New Service	<input type="checkbox"/> Alterations to existing service
<input type="checkbox"/> Renewal of Existing Service	<input type="checkbox"/> Disconnection of existing service
<b>Type of Water Service required:</b>	
<input type="checkbox"/> Domestic connection for:	<input type="checkbox"/> Dual Supply OR; <input type="checkbox"/> Single      Size: _____
<input type="checkbox"/> Fire*      Size: <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Industrial/Commercial*      Size (if > 20mm): <input style="width: 100px;" type="text"/>
*If Fire/Industrial/Commercial, has a Pressure and Flow Test Been Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, attach report.      If NO, what flow rate/s are required? _____	
Is a Quote Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, specify details: _____	
Is a Backflow Prevention device required? (Flow Rate: _____) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Site Plan MUST include location of connection</b> Location: <input type="checkbox"/> Site Plan (and/or) <input type="checkbox"/> Locality Plan Supplied	
Meter Location: <input style="width: 50px;" type="text"/> metres from <input style="width: 50px;" type="text"/> boundary and <input style="width: 50px;" type="text"/> metres from <input style="width: 50px;" type="text"/> boundary	

### Sewer Service

<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial/Commercial
<input type="checkbox"/> Connection of sanitary plumbing or drainage to Council's sewer system	
<input type="checkbox"/> Alterations to sanitary plumbing or drainage to Council's sewer system	
<input type="checkbox"/> Disconnection of existing service	
Building over or close to Council's sewer <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, Please submit plans and pay fees.      If YES, Please provide evidence.	
Does the proposal involve the discharge of liquid waste to Council's sewer system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, a Liquid Trade Waste application is required.      Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S	

### On-Site Sewage Management

<input type="checkbox"/> New System	<input type="checkbox"/> Alterations to Existing System
<b>Type of System:</b> <input type="checkbox"/> Aerated wastewater treatment system <input type="checkbox"/> Septic Tank <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Building over or close to Council's sewer <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Details of System:</b>	
Manufacturer	Tank Size
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Service Agent	Source of Water Supply:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Geotechnical report supplied? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### Notice of Work

Plumbers Name	License	Expiry
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Contact Phone	Contact Mobile (if different)	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Date of Commencement of Works	Estimated Date of Completion of Works	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
Drainage works to comply with <input type="checkbox"/> PCA & AS/NZS3500      OR <input type="checkbox"/> Alternative Solution		

**Payment - Office Use Only**

Type of Fee	Fee	Code	Job Number	Payments
Local Government s68 fee	\$ _____	(557)		
Sewer/Water compliance inspection fee	\$ _____	(556)		
Dual Water connection fee	\$ _____	(153)		
Single Water connection fee	\$ _____	(152)		
On-site sewage management fee	\$ _____	(171)		
Building Over Sewer fee	\$ _____	(160)	17.201__ . _____ . _____	\$ _____
Pressure and Flow Test fee	\$ _____	(159)	35.201__ . _____ . _____	\$ _____
Quotation Fee	\$ _____	(152)	27.201__ . _____ . _____	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

Receipt Date: \_\_\_/\_\_\_/\_\_\_      Cashier: \_\_\_\_\_      Receipt No: \_\_\_\_\_

**Checked by:**

CSO: \_\_\_\_\_      EHBS: \_\_\_\_\_      Planner: \_\_\_\_\_

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 information.