



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: _____	
Address of Work (Street name / number) _____ _____	
Send 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	N	S	E	W	Date	Signature
					/ /	
					/ /	
					/ /	

Water Tower Actions:		
Task Number: _____	Is Connection Metered??	Yes / No
Name: _____	<input type="checkbox"/> Task Emailed	
Date: _____	<input type="checkbox"/> Fax to Water Tower (218 2810)	
Initial: _____	<input type="checkbox"/> Fax to ESG – SLO (211 1432)	
	<input type="checkbox"/> Fax to BCL (218 2878)	