

Plumbing & Drainage Approvals Application

*made under the Local Government Act 1993
Section 68*

OFFICE USE

Assessment No.

Receipt No.

Date

PART A – TYPE OF APPLICATION (tick all applicable) Office use only : H&P

| | | |
|--|-------------------------|----------------|
| <input type="checkbox"/> Connect to sewer | \$ <input type="text"/> | J/N: 1705-1145 |
| <input type="checkbox"/> Amend existing sewer | \$ <input type="text"/> | J/N: 1705-1145 |
| <input type="checkbox"/> Install AWTS | \$ <input type="text"/> | J/N: 1430-1162 |
| <input type="checkbox"/> Amend existing AWTS | \$ <input type="text"/> | J/N: 1430-1162 |
| <input type="checkbox"/> Install septic tank system | \$ <input type="text"/> | J/N: 1430-1162 |
| <input type="checkbox"/> Amend existing septic tank system | \$ <input type="text"/> | J/N: 1430-1162 |
| TOTAL | <input type="text"/> | |

PART B – APPLICANT'S DETAILS

Name/s

Company Name (if applicable)

Postal Address

Contact No. Alternate No.

Email

I apply for approval to carry out the plumbing and drainage works as described in this application. I declare that all the information in this application and checklist is to the best of my knowledge, true and correct.

Signature/s Date

☐ Owner ☐ Plumber ☐ Agent

PART C - PROPERTY DETAILS

Lot / Section / DP Numbers can be found on the Rates Notice or Certificate of Title for the land.

Street No. Street Name

Town/Locality Postcode

Lot No/s Section DP No/s

PART D – EXTENT OF WORK TO BE CARRIED OUT

Please describe the extent of work to be carried out on site.

PART E – OWNER’S DETAILS

☐ Details are the same as Part A – Applicant’s Details (Note: All owners are still required to sign the form)

Name/s

Company Name (if applicable)

Postal Address

Contact No.

Alternate No.

Email

Do you agree to receive all correspondence via email? ☐ Yes ☐ No

Would you like a copy of the approval sent to the nominated plumber as listed in Part F? ☐ Yes ☐ No

As owner/s of the land to which this application relates to, I/we consent to carry out the plumbing and drainage works as described in this application. I/we also authorise:

- Council representatives to enter the property for the purpose of site inspections;

Note:

- If more than one owner every owner must sign.

Name

Signature

Date

Name

Signature

Date

PART F – PLUMBERS DETAILS

Plumber

Licence No.

Postal Address

Contact No.

Email

PART G – COMPLETE IF INSTALLING SEWAGE MANAGEMENT SYSTEM / SEPTIC TANK SYSTEM

Type of premises: State whether dwelling / shop / factory etc

Number of bedrooms:

Fittings to be connected:

Source of water supply:

Type of system:

☐

Standard septic tank

☐

AWTS (Aerated Wastewater Treatment System)

NSW accredited:

☐

Yes

☐

No

Manufacturer:

PART H – SUPPORTING INFORMATION

For connections relating to sewer / sewerage management systems or septic tank systems please include the following documents:

☐ A3 copy of each of the following detailed plans for approval:

- Floor Plan
- Site Plan

☐ Land Capability Assessment (LCA) – Only required for Septic and AWTS

Privacy And Personal Information Protection Notice

The personal information provided on this form is collected by Wentworth Shire Council for the purposes of processing this application by Council Employees and other authorised persons. This form will be stored within Council’s record management system and may be available for public access and/or disclosure under various NSW Government legislation.