



PO Box 90, ROLLESTON 7643
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SELWYN DISTRICT COUNCIL

APPLICATION FOR SEWAGE CONNECTION TO COUNCIL'S SEWER

For properties with no sewer lateral present

I hereby apply for permission to connect to the _____ township sewer system.

PROPERTY OWNER:

ADDRESS OF PROPERTY OWNER:

.....

ADDRESS OF PROPERTY:

.....

Telephone Cell Email

PLEASE NOTE THIS FORM IS NOT AN APPLICATION FOR A BUILDING CONSENT OR RESOURCE CONSENT. PLEASE CONSULT WITH COUNCIL BUILDING AND PLANNING DEPARTMENT FOR FURTHER INFORMATION REGARDING THIS.

Building Consent Number: Resource Consent Number.....

LOT DP Valuation No

(This information can be obtained from your Rates Demand)

DETAILS OF USAGE:

Registered Drainlayer: Phone:

No of toilets and urinals.....Business or Residential connection.....The
Trade Waste Bylaw is applicable to some business connections. Details can be found on Council
website www.selwyn.govt.nz

Note: No installation can proceed until the application has been approved

SIGNATURE OF OWNER **DATE:**

FOR COUNCIL USE ONLY:

Capital Contribution \$..... Date Paid..... Receipt No.....Code.....TW.....

Application approved Date

As built information entered by.....Date.....

Entered onto rates by: Date