

# APPLICATION to CARRY OUT SANITARY PLUMBING and DRAINAGE WORK

## Local Government Act Section 68, Part B

Locked Bag 155, Coffs Harbour 2450

Customer Service Centre, 2 Castle Street, Coffs Harbour

Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au) Phone: (02) 6648 4000

Website: [www.coffsharbour.nsw.gov.au](http://www.coffsharbour.nsw.gov.au) ABN 79 126 214 487



### 1. Property Description

Property Address

Suburb, town or locality

State

Postcode

Lot/DP or Lot/Section/DP or Lot/Strata No.

### 2. Type of Work (choose one of these options)

**Connect to Councils sewerage system:**

New Building

**OR**

Changes to an existing building

**Connect to on-site sewage management system:**

**(Note you will also need to submit an application to install/amend an on-site sewage management system)**

New Building

**OR**

Changes to existing building

### 3. Type of Building (choose one)

Choose a building type:

Dwelling

Dual Occupancy

Industrial, multi-residential, commercial

For Industrial, multi-residential, commercial options please nominate:

**Number** of water closets?

### 4. Owner Details

Title

Given name/s

Surname

Email address

Phone

Name of company / organisation

### 5. Applicant Details

Title

Given name/s

Surname

Name of company/organisation

ABN or ACN (if any)

Postal Address:

Suburb/town

Postcode

Mobile

Phone

Email address

**6. Applicable Fees and Charges**

To view the applicable fees and charges associated with this application please refer to Council's adopted fees and charges at [www.coffsharbour.nsw.gov.au/fees](http://www.coffsharbour.nsw.gov.au/fees)

**7. Privacy and Personal Information Protection Notice**

- This information is voluntarily required to process your request and will not be used for any other purpose without seeking your consent, or as required by law;
- Your information may comprise part of a public register related to this purpose;
- Your application will be retained in Council's Records Management System and disposed of in accordance with the Local Government Disposal Authority;
- Your personal information can be accessed and corrected at any time by contacting this Council.

**8. Applicant/s Signature**

I apply for approval and declare that I have the consent of the owner of the land to make this application and authorise Council or its appointed officers to enter upon the subject premises for the purpose of pre-determination site inspections and for the purposes of conducting inspections of work being carried out.

**Applicant's Signature:** ..... **Date:** ...../...../.....

**OFFICE USE ONLY**

Date Received

Application Fee

\$

Receipt No.

Sewer Diagram No.  
(only for sewer)

Property No.

D/A No:  
(if applicable)

Plumbing & Drainage  
PD No.

**NOTICE OF WORK**  
**for Plumbing and Drainage Work**  
*Please supply requested information correct and neatly*

**PROPERTY & OWNER DETAILS**

House No.	Street	Suburb	Postcode
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Lot No.	DP No.	PDP or SP	Nearest Cross Street
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Owner's Name		Full Address	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

**LICENSEE'S DETAILS**

Full Name	Address for Notices		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Phone No.	Qualified Supervisor No.	Expiry Date	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	Licence No.	Expiry Date	
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**WORK OF WATER SUPPLY**

Give full Description of Work carried out

- Install Water Supply
- Install Irrigation system
- On-site Alternative Water Services
- Install/Commission/Maintenance of Thermostatic Mixing Valve
- Connection to water supply
- Install, alter, disconnect or remove a backflow prevention device
- Other

**PLUMBING WORK TO COMPLY WITH**     **AS/NZS3500**     **ALTERATIVE SOLUTION**     **COMBINED**

**WORK OF SANITARY PLUMBING/DRAINAGE AND SUPPLY DRAINAGE PLAN**

Give full description of work carried out

- Carry out work of sanitary plumbing/drainage
- Connection to Sewer
- Sewer Disconnection
- Carry out Trade Waste Drainage
- Other

**DRAINAGE WORK TO COMPLY WITH**     **AS/NZS3500**     **ALTERATIVE SOLUTION**     **COMBINED**

**SEWERAGE/WATER SERVICE INSPECTION FEE**

Date Fee Paid	Date of Commencement of Work	Estimated Date of Completion
<input style="width: 95%;" type="text" value="NOT APPLICABLE"/>	<input style="width: 95%;" type="text" value="DD MM YYYY"/>	<input style="width: 95%;" type="text" value="DD MM YYYY"/>
Amount	Reference No:	Contractors Signature
<input style="width: 95%;" type="text" value="\$ NOT APPLICABLE"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

1. This is your notification that you, as the Responsible Person, intend to carry out the work described on this 'NOTICE OF WORK', in accordance with provisions of the Regulators Act, Regulations, Codes and Standards.
2. This NOTICE TO WORK must be produced on the request of any person duly authorised by the REGULATOR.
3. The corresponding numbered CERTIFICATE OF COMPLIANCE must be submitted by you to the Local Regulator on the completion of a FINAL INSPECTION on the above work.