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| Request for Quotation Sewer Connection ApplicationCAB-020 | Your reference no.: Our reference no.:  |
| Advice to Applicant * This application is made under the Local Government Act 1993 Chapter 7 Part 1, Part B.

Please complete this form in ink using BLOCK LETTERSApplication fee must accompany application – refer to Schedule of Fees and Charges for detailsAn incomplete application may result in deferral of your applicationFor application or lodgement advice please contact Council’s Engineering and Technical Services on 02 6390 7100 |
| PROPERTY DETAILS | You must complete all details in this section. |  |
| Street Address: |
| Suburb: |
| Lot No: | Section: | DP: |
| DA No. (If applicable) | Date of Determination: |
| Is the sewer connection for a dwelling or business?  |
| **DEVELOPMENT DETAILS**   |  |  |
| Does this include a subdivision: |
| Does this include a dual occupancy: |
| Please provide an attached sketch or design drawing with the application. Showing the purposed development including the placement of new & existing buildings, new or existing driveways & gates proposed subdivision layout & preferred point of connection.  |
| APPLICANT DETAILS  | If the applicant is a company, the ABN number and company seal must be provided. |  |
| [ ]  Mr | [ ]  Mrs | [ ]  Ms | [ ]  Other  |
| Name: | ABN No: |
| Postal Address: |
| Suburb: | Post code: |
| Contact Number: |
| Email: |
| Applicant’s Signature:  | Date: |
| **A SEWER CONSTRUCTION CERTIFICATE IS ISSUED SUBJECT TO THE FOLLOWING CONDITIONS** |
| 1. A Sewer Construction Certificate must be obtained **prior to** the commencement of construction works taking place.
2. A complete set of detail plans are to be submitted to Council with this application prior to the issue of a Sewer Construction Certificate.
3. A Traffic Management Plan is to be implemented to the satisfaction of Council to ensure all work shall be carried out with a minimum of obstruction to pedestrian and/or vehicular traffic.
4. Before commencing work contact should be made with authorities responsible for public utility services to confirm the precise locations of all services by contacting Dial Before You Dig on 1100.
5. The applicant shall be responsible for any damage to public utilities, private services or other damage resulting from the proposed work.
6. The work must be carried out in accordance with all relevant safety regulations and Acts.
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| **Privacy Information**: The details provided in this form may contain information that is personal information, which identifies you etc., for the purposes of the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable the Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be utilized by Council officers in assessing the proposal and other associated activities. The information may also be made available to other persons where such access is in accordance with the relevant regulations and requirements in this regard. The submission of personal information in this case is required by law and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. The information will ultimately be stored in Council’s records system. |
| HOW TO LODGE THIS APPLICATION PAYMENT |  |
| Courier or in person:Mail:ABN:How to contact us: | Cabonne Council(opening hours: 9:00am – 5:00pm Monday to Friday)99-101 Bank Street, MolongPO Box 17, MOLONG, NSW, 286641992 919 200Phone: (02) 6392 3200Fax : (02) 6392 3260Council@cabonne.nsw.gov.au[www.cabonne.nsw.gov.au](http://www.cabonne.nsw.gov.au) | In person at the Molong office, or alternatively over the phone via the Council Cashier on 6392 3228.Payment Via Bank Transfer:Account – Cabonne CouncilBSB – 062-573Account No - 00000242 |
| **Fees and Charges** | **Required** | **Cost ($)** |
| Quotation for Sewer Connection | **YES** | **$54.00 (GST Free)** |
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|  | **TOTAL** |  |
| **RECEIPT NUMBER:** |  |  |
| **OFFICE ONLY (Cudal Office to fill out)** |
| **Assigned request to** |
| **Date assigned:** | **Assessment Number:** |
| **Date of Completion:** |
| **Date Quotation Issued:** |
| **Saved as Doc ID:** |
| **Public Works Spreadsheet Filled out: YES/NO**  |
| **Document stored in Infoexpert under ORL****(ORL/Sewerage and Drainages/Applications/Quotations** |

DOC ID :