

## Request for Quotation Water Connection Application CAB-021

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 LETTERS
- Application fee must accompany application refer to Schedule of Fees and Charges for details
- An incomplete application may result in deferral of your application
- For application or lodgement advice please contact Council's Engineering and Technical Services on 02 6390 7100

11				
PROPERTY DETAILS	You must complete all details in this section.			
Street Address				
Suburb	Nearest Cross Street			
Lot No.	Section		DP	
DA No. (If applicable)	Date of Determination		on	
Is the water connection for a dwelling or business?				
CONTRACTOR DETAILS Please fill in if known at time of making this application.				
Name			ABN No.	
Postal Address				
Suburb			Post Code	
Phone	Fax		Mobile	
Email Address		·		
APPLICANT DETAILS	If the applicant is a company, provided.	the ABN number and co	ompany seal must be	
APPLICANT DETAILS  Mr Mrs Ms		the ABN number and co	ompany seal must be	
	provided.	the ABN number and co	ompany seal must be ABN No.	
☐ Mr ☐ Mrs ☐ Ms	provided.	the ABN number and co		
Mr Mrs Ms	provided.	the ABN number and co		
Mr Mrs Ms  Name  Postal Address	provided.	the ABN number and co	ABN No.	
Mr Mrs Ms  Name  Postal Address  Suburb	provided.  Other	the ABN number and co	ABN No.	
Mr Mrs Ms  Name  Postal Address  Suburb	provided.	the ABN number and co	ABN No.  Post Code	
Mr Mrs Ms  Name  Postal Address  Suburb  Phone	provided.  Other	the ABN number and co	ABN No.  Post Code	
Mr Mrs Ms  Name  Postal Address  Suburb	provided.  Other	the ABN number and co	ABN No.  Post Code	
Mr Mrs Ms  Name  Postal Address  Suburb  Phone	provided.  Other	the ABN number and co	ABN No.  Post Code	

Applicant's Signature			Date		
A WATER CONSTI	RUCTION CERTIFICATE IS ISSUE	D SUBJECT TO TH	HE FOLLOWING CONDITIONS  (Turn the page over to find more information)		
A Water Const.	ruction Certificate must be obtained <b>prior to</b> the	commencement of consti	, , , ,		
<ol> <li>A complete set</li> <li>A Traffic Mana</li> </ol>	2. A complete set of detail plans are to be submitted to Council with this application prior to the issue of a Water Construction Certificate.				
Before comment	·				
<ol><li>The applicant s</li></ol>	shall be responsible for any damage to public util	•			
6. The work must	be carried out in accordance with all relevant	safety regulations and Ac	ets.		
<b>Privacy Information</b> : 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 LODG	E THIS APPLICATION	PAYME	NT		
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, Molong PO Box 17, MOLONG, NSW, 2866 41992 919 200 Phone: (02) 6392 3200 Fax: (02) 6392 3260 Council@cabonne.nsw.gov.au  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 Council BSB – 062-573 Account No - 00000242				
Fees and Charges		Required	Cost (\$)		
Quotation for Water Co	onnection	YES	\$48.00 (GST Free)		
		TOTAL			
RECEIPT NUMBER:					
OFFICE ONLY (Cudal Office to fill out)					
Assigned request to:					
Date assigned:		Assessment Numb	er:		
Date of Completion:					
Date Quotation Issued	l:				
Saved as Doc ID:					

DOC ID:

Document stored in Infoexpert under ORL ORL/Water Suply/Applications/Quotations