

## 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

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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, the ABN number and company seal must be provided.				
☐ Mr ☐ Mrs ☐ Ms	Other			
Name			ABN No.	
Postal Address				
Suburb			Post Code	
Phone				
	Fax		Mobile	
Email Address				
Linuii Addi 666				

Applicant's Signature			Date		
A WATER CONST	RUCTION CERTIFICATE IS ISSUEI	D SUBJECT TO TH			
<ol> <li>A Water Construction Certificate must be obtained prior to the commencement of construction works taking place.</li> <li>A complete set of detail plans are to be submitted to Council with this application prior to the issue of a Water Construction Certificate.</li> <li>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.</li> <li>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.</li> <li>The applicant shall be responsible for any damage to public utilities, private services or other damage resulting from the proposed work.</li> <li>The work must be carried out in accordance with all relevant safety regulations and Acts.</li> </ol> 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.					
	E THIS APPLICATION	PAYMEN	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  PAT MEN  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	nnection	YES	\$56.00 (GST Free)		
RECEIPT NUMBER:		TOTAL			
OFFICE ONLY (Cudal Office to fill out)  Assigned request to:					
Date assigned:		Assessment Number	er:		
Date of Completion:					
Date Quotation Issued:					
Saved as Doc ID:  Document stored in Infoexpert under ORL					
ORL/Water Suply/Applications/Quotations					

DOC ID: