

Office use only:
Process Date:
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Map Info:

# Application for CONSENT TO CONNECT TO COUNCIL'S STORMWATER SERVICE

This form shall be used for all connections to Napier City Services.

Please complete boxes 1 - 7 as fully as possible and email this completed form and any supporting documentation to: [infrastructureservices@napier.govt.nz](mailto:infrastructureservices@napier.govt.nz) OR submit application at Napier City Council Customer Service Centre.

Our department will respond within **5** working days with applicable fees and charges.

**Expiry Date: 30 June 2019**

1: APPLICANT DETAILS (must be completed for all applications and all details must be the Owner/Developer)			
Name:			
Email:			
Postal address:			Postcode:
Phone:			Mobile:

2: ACCOUNT INFORMATION (Actual cost will be invoiced for deposit items)			
Name:			
Email:			Mobile:
Postal address:			Postcode:
<input type="radio"/> I have read and accept the conditions of consent included with this application (must be person named above or authorised agent to receive the invoice.)			

3: PROJECT LOCATION			
Address of Property:			
Description of Development:			
Contact name:			Phone:

**4: PURPOSE OF CONNECTION** (Council to supply) New Renewal Upgrade Other, please provide details:**5: SERVICES REQUIRED**

Size and quantity to be supplied by applicant, contractor, or project manager.

If assistance is required please email [infrastructureservices@napier.govt.nz](mailto:infrastructureservices@napier.govt.nz)**FOR OFFICE USE ONLY****All fees and charges are inclusive of GST**

<b>STORMWATER CONNECTIONS</b> Tick all that apply	Size	QTY	Fee / Deposit (each)	Plus cost of pipelaying/per metre	Charge Type	Amount
<input type="radio"/> Kerb connections	90 mm		\$570.00	N/A	Fee	
<input type="radio"/> Double Kerb connection	90 mm		\$888.00	N/A	Fee	
<input type="radio"/> Pipe connections	100 mm		\$564.00	\$185.00*/\$216.00**	Deposit	
<input type="radio"/> Pipe connections >100			\$564.00	Actual***	Deposit	
<input type="radio"/> Development contribution (Fee will be determined by project)	N/A	1	To Be Confirmed		Fee	

Applicant will be sent the fees and deposits due within **5** working days of our department receiving this form.

Invoice total: \$

**City Services require a minimum of 15 working days notification prior to connection installation. Please phone: 06 833 7744**

**HERITAGE SITES MAY ALSO EXPERIENCE TIME DELAYS AND INCUR ADDITIONAL COSTS**

\* \$185.00 per metre fee applies to **open ground** pipelaying only.\*\* \$216.00 per metre fee applies to **sealed road/footpath** pipelaying only.

\*\*\* Actual overall job cost to be determined by City Services Department.

**Please note:**

- Total cost equals the connection fee, plus pipe laying cost (either unit rate or actual cost) If an access chamber is required this will be additional.
- Quotes can be provided for large size connections on request.
- All minimum charges are per connection and are non refundable.

## LOCATION OF CONNECTIONS

If new service connections are required, please supply a detailed diagram on next page, or appropriate location measurements

**NOTE:** The preferred location of the connections **MUST** be INDICATED in the space below or on a separate plan showing site boundaries, street frontages, building outline and distances if necessary. "IF NO LOCATION IS SPECIFIED" Council may proceed at its discretion.

Every effort will be made to place the connections where requested but circumstances may not allow this. Where location and level are critical to the development of a site it may be necessary for the Applicant/Owner/ Developer to confirm levels and grade and check for conflict with other services.

The Asset Manager will determine the actual location.

**6: PLEASE ATTACH PLAN OR PROVIDE MEASUREMENTS FOR PREFERRED CONNECTION LOCATION AS APPROPRIATE**

MEASUREMENTS FOR NEW CONNECTIONS

A: \_\_\_\_\_ (m)

B: \_\_\_\_\_ (m)

C: \_\_\_\_\_ (m)

D: \_\_\_\_\_ (m)



**OFFICE USE ONLY:**

**7: SIGNATURE OF APPLICANT**

I have read and accepted the conditions of consent included with this application

Signature:

Date:

**APPROVAL OF ASSET MANAGER**

Name of Asset Manager:

Signature:

**HERITAGE SITE (TICK YES OR NO)**

Date:

YES

NO

**FOR OFFICE USE ONLY**

**Costing**

**As Built Sketch**

Fee only

Deposit

Quote

Invoice total: \$

Invoice No.:

**Work Carried Out By:**

**Name:**

**Date:**

**NOTES:**