

# Water Supply Connection / Alteration Application Form



This Form is to be used when applying for a new Water Supply Connection or when applying for an alteration to an existing Water Supply Connection. (To apply for a commercial fire service or fire sprinkler connection; please use Form 160).

**This is a request for:** *(tick as appropriate)*

New Connection     Alteration of existing connection     Disconnection

**Enquiries: Ph (04 296 4700)**

## Property Address to be supplied

\_\_\_\_\_

## Date

\_\_\_\_\_

## Agent Name for further enquiries concerning this application

*Tick preferred method of contact*

Agent: \_\_\_\_\_

Phone: \_\_\_\_\_  Mob: \_\_\_\_\_

Email: \_\_\_\_\_  Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Application Made by: \_\_\_\_\_  
FIRST NAME SURNAME

Connection with Development (eg owner, Builder, Plumber): \_\_\_\_\_

## Valuation Number

\_\_\_\_\_

## Lot Number

\_\_\_\_\_

## Owner Contact Details

Name: \_\_\_\_\_  
FIRST NAME SURNAME

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

## DP Number

\_\_\_\_\_

## Confirm Name/Business to be Invoiced for Installation Work:

*(If Cost Estimate accepted)*

As per Agent / Builder

As per Owner

Or Other as below:

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Building Consent Number

\_\_\_\_\_

## Resource Consent Number

RM \_\_\_\_\_

## Type of Development:

*Tick all that apply*

Subdivision     Demolition     Domestic Property     Rural

Commercial (diam requested \_\_\_\_\_ mm)

## Application Detail:

Is this property already supplied with Council water?  Yes  No

Type of connection/alteration required: (tick all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Back Flow Prevention           | <input type="checkbox"/> New Water Meter         |  |
| <input type="checkbox"/> Existing Metered Supply        | <input type="checkbox"/> Restricted Water Supply | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Water Scheme Allocation Change | <input type="checkbox"/> Rain Water Tank         | <input type="checkbox"/> Other _____   |

Description of Connection / Alteration Required:

\_\_\_\_\_

\_\_\_\_\_

Note: Attach a detailed (A4 size) site plan with this application showing existing water services and proposed new/ altered water services. Refer "Enclosed Site Plan", below.

## Water Usage

Enter the number of water facilities the connection will supply for each water usage below:

Bath

Toilet

Laundry tub

Shower

Urinal

Washing machine

Basin

Kitchen sink

15mm hose tap

Dishwasher

20mm hose tap

Water storage tank capacity (litres)

Booster pump capacity (litres)

Booster pump pressure (kPa)

Other: \_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that this application is subject to the provisions covered under the current Kapiti Coast District Council General Bylaw (Water Supply).

### Signed by the owner

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

OR

### Signed by the agent [on behalf of, or when authorised by, the owner]

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Enclosed Site Plan

- I have enclosed a detailed (A4 size) site plan with this application showing existing water services and proposed new/ altered water services.

(Note: an aerial site plan can be printed from the council website: [www.mapimage.net/KCDC/](http://www.mapimage.net/KCDC/))

Return completed form to:  
Kapiti Coast District Council, 175 Rimu Road, Paraparaumu.

### Privacy Information

The information you have provided on this form is required so that your water supply application can be processed by Kapiti Coast District Council. The Council collates statistics relating to applications. The Council stores application information on its internal registers which can be supplied to other parties, if approved by the council.

Under the Privacy Act 1993 you have the right to see and correct personal information the Council holds about you.