

# APPLICATION FOR CONSENT TO DISCHARGE TRADE WASTE



Application to discharge trade waste to the public sewage system under the Kāpiti Coast District Council Trade Waste Bylaw 2019

**Send or deliver your completed application form to:**

Trade Waste Officer  
 Kāpiti Coast District Council  
 Private Bag 60 601, Paraparaumu 5254  
 175 Rimu Road, Paraparaumu 5032  
 Telephone (04) 296 4700 Toll Free: 0800 486 486

**This is an application for:**

- |                          |                          |   |                          |
|--------------------------|--------------------------|---|--------------------------|
| A proposed new discharge | <input type="checkbox"/> | An existing discharge for which no consent exists | <input type="checkbox"/> |
| Renewal of a consent     | <input type="checkbox"/> | Variation to an existing consent                  | <input type="checkbox"/> |

1. Business Details	
Applicant:	
Trading Name:	
Address:	
Suburb:	Postcode:
Postal Address (if different from above):	
Email:	Telephone:
After Hours Contact Name:	Telephone:
2. Trade Waste Details	
Trade Waste Manager:	
Contact details (if different from above):	
Email:	Telephone:
Trade Activity (short description of what the business does):	
3. Discharge Data	
Discharge timing (please tick one):	Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/>

Hours of operation (over what periods of the day is the discharge occurring?):	
Flow (what is the estimated daily flow?):	
<b>4. Pre-Treatment</b>	
Pre-treatment of waste (grease traps, interceptors, pH adjusting tanks etc):	
Cleaning / emptying frequency:	
Contractors used to recycle / dispose of waste:	
<b>5. Signature of Applicant</b>	
<i>I am duly authorised to make this application &amp; believe that all the information contained in this application is true &amp; correct</i>	
Full name (printed):	Position:
Signature:	Date:

<b><u>For Office Use</u></b>	
<b>Application received &amp; checked by:</b>	
Officer:	Date:
<b>Application approved by:</b>	
Officer:	Date:
Consent Number:	File No:
Application Fee (including GST):	Receipt No: