**Trade Waste Bylaw 2015**

# Application for

**Trade Waste Discharge Appendix A**

## Trade name and street address of trade premises

Name of premises:

Physical address:

Postal address:

Email:

Telephone (day): Mobile:

Telephone (after hours): Fax:

## Owner details and postal address of customer for charging

Name of owner of premises:

Postal address:

Email:

Telephone (day): Mobile:

Telephone (after hours): Fax:

A logo for a company

Description automatically generated

6-8 Brougham Street,

PO Box 21, Westport 7866

Phone 03 788 9111

Email [info@bdc.govt.nz](mailto:info@bdc.govt.nz)

[**www.bullerdc.govt.nz**](http://www.bullerdc.govt.nz/)

## Contact details for further enquiries

Name of owner of premises:

Postal address:

Email:

Telephone (day): Mobile:

Telephone (after hours): Fax:

## Term of consent sought

From (date):

 1 year  2 years  5 years  Other

## Legal Description

Valuation Number:

Lot: DP:

Section: Block:

Survey District:

## This application relates to

 Proposed new discharge

 An existing discharge for which no consent exists Current point or place of discharge:

 Renewal of a consent

 Variation to an existing consent Nature of variation:

Use and attach additional sheets as required

## Are the premises already connected to the public sewer?

 Yes  No

## Are the domestic and trade waste streams separated

 Yes  No

## Number of connections required

|  |  |
| --- | --- |
| Size: | No: |
| Size: | No: |

**Note:** minimum size is 100mm.

## Description of main trade activity

**Declaration**

I am duly authorised to make this application and I believe the information contained in this application is true and correct.

Full Name:

Position:

Signature: Date:

# FOR OFFICE USE ONLY

First Point of Contact:

 Owner  Applicant Consent posted to:

 Owner  Applicant

|  |  |
| --- | --- |
| Application Fee | $ |
| Other | $ |
| GST | $ |
| Total Fee payable | $ |

Receipt Number:

Cash/Chq/ Eftpos/ EB Building Consent Number:

File No:

DVR No:

**Trade Waste Consent approved by:**

Name:

Officers Signature: Position:

Date:

## Diagram for connection location

(Show distances from boundaries, kerbs, buildings etc)

**Important Note:** If you have any questions about completing the information contained in this application form, please phone 03 788 9111and ask for the Council’s 3 Waters Department.