

Pre-construction request

Provide construction details for the proposed network construction, as per the conditions of EPA approval.

Please complete and return to
Post: Watercare, Private Bag 94010, Auckland 2241
Email: preinspection@water.co.nz
Phone: (09) 442 2222
Website: www.watercare.co.nz

Important information

- Please tick to confirm:
- Yes, I have attached the current approved engineering plan approval (EPA) and approval letter
 - Yes, I have attached the wastewater contractor's certified PGDB licence
 - Yes, I have attached the water contractor's NZQA water reticulation level 3 or 4

1. Engineering design approval details

Watercare network extension peer review application number:

Auckland Council EPA number:

2. Customer details

2.1 Consultant engineer and CS4 author – details of the construction supervision engineer responsible for supervising the water and/or wastewater network extension and for signing the compliance statement 4 (CS4).

I am the point of contact who will communicate with Watercare for the duration of the project.

First name Last name

Company

I am a: Chartered Member of Engineering New Zealand (CMEngNZ) Registered Professional Surveyor (RPSurv) Registered Engineering Associate (REA)

Postal address: Street number Street name or PO Box

Suburb Postcode

Work phone () Mobile

Email

2.2 Wastewater contractor and CS3 author – details of the contractor responsible for the construction of the wastewater network extension

The approved contractor must attach their certified PGDB licence (wastewater)

First name Last name

Company

Postal address: Street number Street name or PO Box

Suburb Postcode

Work phone () Mobile

Email PGDB license No.

2.3 Water contractor and CS3 author – details of the contractor responsible for the construction of the water network extension

The approved contractor must attach the NZQA water reticulation level 3 or 4

First name Last name

Company

Postal address: Street number Street name or PO Box

Suburb Postcode

Work phone () Mobile

Email

2.4 Developer:

First name Last name

Company

Postal address: Street number Street name or PO Box

Suburb Postcode

Work phone () Mobile

Email

3. Billing details

Payee details associated with this application. Please tick one:

Developer Consultant engineer Wastewater contractor Water contractor Other

If you ticked "other", please provide the following information:

First name Last name

Company (if applicable)

Postal address:

Street number	<input type="text"/>	Street name or PO Box	<input type="text"/>
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

4. Site details

Construction stage/s that relates to this application as per approved EPA

Job name:

Legal site address (must comply with Auckland Council numbering standards)

Street number Street name

Suburb Postcode

Lot number Deposited plan (DP) number Certificate of Title (CT) number

Connection works: Water Wastewater

Description of proposed connection works:

5. Authorisation

I declare that the information given on this application is true and correct.

Name	<input type="text"/>	Signature	<input type="text"/>
Company	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>

Privacy

We may use this information to process your application, update our records or help improve our services. We will not disclose it unless required by law. You have the right to access your information, and you can ask us to correct any errors.