

OFFICE USE ONLY

REGISTRATION NO. ....

PROPERTY NO. .... DA NO: .....

# Lithgow City Council

180 Mort Street Lithgow NSW 2790  
Telephone (02) 63549999  
Postal Address: PO Box 19 Lithgow NSW 2790 Fax: (02) 6313858

## PLUMBER/DRAINER SEWER CONNECTION/ALTERATION APPLICATION

### Plumber/Drainer Details

Name:.....  
Postal Address:.....  
Postcode:..... Licence No:.....  
Contact No. (Telephone):..... (Fax):..... (Email):.....

### Owner Details

Name:.....  
Postal Address:..... Postcode:.....  
Contact No. (Telephone):..... (Fax):..... (Email):.....

### Subject Land Details

Address:.....  
Lot No/DP/Portion, etc:.....  
Premises ..... (State whether dwelling(s), shop(s), flat(s), factory, etc)

### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE.

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. We will take reasonable care not to disclose personal information. Exempt documents may come under Section 12 of the Local Government Act.

**NOTE: RAIN OR SURFACE WATER MUST NOT BE CONNECTED TO SEWER UNDER ANY CIRCUMSTANCES**

**ALL WORK MUST BE EXECUTED BY A LICENSED PLUMBER AND/OR DRAINER TO THE SATISFACTION OF COUNCIL'S BUILDING SURVEYOR AND ALL DRAINAGE WORK MUST BE TESTED BEFORE COVERING IN**

### The following applications fees are payable:

- |    |  |                                 |
|----|--|---------------------------------|
| a) | Dwelling Houses  | \$102.00 (covers 2 inspections) |
| b) | For each additional closet /urinal or sanitary fitting | \$12.50                         |
| c) | Alterations/Amendment to Sewerage Drainage Plans       | \$63.50 (covers 1 inspection)   |
| d) | Copy of Sewerage Drainage Plan                         | \$38.00                         |

**A FRESH PERMIT MUST BE OBTAINED FOR ANY SUBSEQUENT ADDITION OR ALTERATION**

**NOTE: SANITARY SERVICE – When cancellation of sanitary service is required, Council must be notified in writing**

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Date:..... Application Fee :\$. .... (363092000-6320) Receipt:.....

- ACCESS
- REGISTER
- DA/CC
- HARD COPY REGISTER