

# WATER AND SEWERAGE AUTHORITY



## NEW SERVICES DEPARTMENT

### APPLICATION FOR PLUMBING APPROVAL

*All fields are to be filled in Block Letters*

#### SECTION 1 - PROPERTY & OWNER INFORMATION

##### 1.1 Name of Property Owner

Surname \_\_\_\_\_

First Name \_\_\_\_\_

##### 1.2 Property Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### 1.3 Owner's Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### 1.4 Owner's Telephone

\_\_\_\_\_

##### 1.5 Number of Persons Expected to occupy property

\_\_\_\_\_

##### 1.6 Is there a water service connection on the property

Yes  NO

##### 1.7 Water Service Account Number

\_\_\_\_\_

##### 1.8 Is there an existing sewer connection on property

Yes  NO

##### 1.9 Type of Property

Domestic	<input type="checkbox"/>	\$150.00 + VAT
Multi-Family Residential	<input type="checkbox"/>	\$150.00 + VAT per Unit
Commercial	<input type="checkbox"/>	\$200.00 + VAT per Floor
Institutional	<input type="checkbox"/>	\$500.00 + VAT per Floor
Industrial	<input type="checkbox"/>	\$450.00 + VAT per Floor
Swimming Pool-Residential	<input type="checkbox"/>	\$500.00 + VAT
Swimming Pool-Commercial	<input type="checkbox"/>	\$1,000.00 + VAT

##### 1.10 Emergency Works on Existing Sewer Connection

Site Assessment	<input type="checkbox"/>	\$1250.00
Residential	<input type="checkbox"/>	\$1,200.00 per connection
Non-Residential	<input type="checkbox"/>	\$2,500.00 per connection

#### SECTION 2 - LICENSED SANITARY CONSTRUCTOR

##### Name of Licensed Sanitary Constructor

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address of Licensed Sanitary Constructor \_\_\_\_\_  
\_\_\_\_\_

Licensed Sanitary Constructor # \_\_\_\_\_  
\_\_\_\_\_

Licensed Sanitary Constructor Contact Office

\_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**SECTION 3 - APPLICATION ATTACHMENTS/ENCLOSURES**

The following enclosures must be submitted with this application form by the Licensed Sanitary Constructor:

- 1. Four (4) Copies of Plumbing Design Plans for Water Distribution System
  - 2. Four (4) Copies of Plumbing Design Plans for Wastewater System
  - 3. Town and Country Planning Approval (except for Single Family Residential)
  - 4. Copy of Licensed Sanitary Constructor's Valid License
  - 5. Copy of ID/Passport/Driver's Permit of property owner
  - 6. Copy of WASA bill for current services at property
  - 7. Location Plan
  - 8. Evidence of Property Ownership (Registered Deed)
  - 9. Certificate of Payment from District Revenue Office
- |  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Note - All designs submission MUST be submitted on A1 sized sheets with a minimum scale of 1mm to 100mm.

**SECTION 4 - PROPERTY OWNER DECLARATION**

I the undersigned, as owner of the premises on this application form declare as follows:

- 1) I do hereby apply for the plumbing systems on the premises of this application form to be connected to a sewerage system, private/public in accordance with the approved plans subject to the provisions of the Water and Sewerage Act 1965- Sec.66(7).
- 2) I do apply to have said plumbing works carried out at my expense by the Licensed Sanitary Constructor identified at Section 3 of this application form.
- 3) I agree to confirm with all sewerage rates and charges as prescribed by the Water and Sewerage Authority arising from this application.
- 4) I will not solicit or engage the services of any employee of the Water and Sewerage Authority in furtherance of this application.

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*ID/DP/PASSPORT No.*

**SECTION 5 - LICENSED SANITARY CONSTRUCTOR'S DECLARATION**

I, the undersigned Licensed Sanitary Constructor, do declare as follows:

- 1) The information provided on this application form is true and correct.
- 2) The plumbing designs submitted by me in furtherance of this application have either been produced or reviewed by myself and are in accordance with the requirements of the National Plumbing Code of Trinidad and Tobago.
- 3) I will not solicit or engage the services of any employee of the Water and Sewerage Authority in furtherance of this application.
- 4) I submit this application for consideration and approval by the Water and Sewerage Authority.

\_\_\_\_\_  
*Signature of Licensed Sanitary Constructor*

\_\_\_\_\_  
*License Number*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*WASA Customer Service Representative*

\_\_\_\_\_  
*Date*