

## **NEW SERVICES DEPARTMENT**

## (PLUMBING INSPECTORATE)

	For Official Use Only								WASA			
Account#												
Application #												
Amount Paid \$												
Receipt #												
Date												

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## APPLICATION FOR INSTALLATION OF PLUMBING SYSTEM

1.	Name of Owner												
		Surname		First Name									
2.	Address of Premises												
3.	Present Address of Owner												
4.	Telephone Number/s												
		Home	Work	(	Cell								
5.	No. of persons expected to reside at address		Are you connective sewer system		Yes No								
7.	Are you connected to WASA's Wa	ater Distribution System	? Yes	No									
8.	Name of Licensed Sanitary Constructor												
9.	License #												
10.	Address of Licensed Sanitary Constructor												
11.	Licensed Sanitary Constructor's Telephone Number												
	relephone Number	Home	Fax		Cell								
12.	Type of Building	Residential Multi- unit Residen Commercial Industrial Institutional Swimming Pool/Re Swimming Pool/Co	sidential	\$150.00 + VAT \$150.00 + VAT   \$200.00 + VAT   \$450.00 + VAT   \$500.00 + VAT \$500.00 + VAT	per Floor per Floor								
13.		our (4) copies of Plumbi ystem (minimum scale o			ution								
	Four (4) copies of Plumbing Design Plans for <u>Wastewater</u> System (minimum scale of 1mm to 100mm)												
	Town and Country Approval (except for single residential)												
	Copy of License Sanitary Constructor's (LSC) permit and One (1) Copy of Owner's National ID/DP/PASSPORT												
	Copy of WASA Bill												
	Lo	ocation Plan											

## AGREEMENT TO PAY PRESCIBED SEWERAGE RATES AND CHARGES

14. I/We, the undersigned, as Owner/Occupier of the premises on this application form do apply to have the plumbing system/s installed at said premises and to connect to the public/private sewerage system in accordance with the approved plan subject to the provision of the Water and Sewerage Act 1965 - Sec. 66 15. I/We, the undersigned, do apply to have work done privately at my/our expense by the Licensed Sanitary Constructor mentioned in the application form. 16. I/We, the undersigned, do hereby agree to conform to all sewerage rates and charges as prescribed by the Authority under the virtue of the Water and Sewerage Act 1965 – Sec. 66 (7). 17. I/We.....,Owner/LSC must not solicit or engage the services of any employee of WASA (or their relatives) for any purposes whatsoever with respect to drawings, construction and related matters in connection with this application. Any such action will result in the application being denied and/or revoked. ..... ..... **Signature of Owner Signature of Licensed Sanitary Constructor** ID/DP/PASSPORT NO. OF OWNER \_ WARDEN'S OFFICE/CITY HALL CERTIFICATE OF ASSESSMENT OF PREMISES I, certify that the above-mentioned premises are assessed in the Current Assessment Rolls Ward Name of Land Owner: First Name: Middle Name: Surname: Name of Tenant (Appearing On Sub-return): Name of previous Land Owner: First Name: Middle Name: Surname: **Annual Taxable Value (ATV)** Of Building **Effective date of Assessment** L&B# Ward Roll No. ...... ...... Signature of Warden Date

**WASA Customer Service Representative (In Block Letters)** 

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Signature

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