

## SHIRE OF DALWALLINU SEWERAGE CONNECTION APPLICATION

## **PROPERTY DETAILS**

Street No:	Lot No:	Street:	Town: " Dalwallinu		
Assess No:	Section:				
PROPOSED WORK: (Initial sewer plan required to be lodged for ) Please tick all applicable boxes)					
Residential (Single)		☐ Residential (n	nulti unit)		
Commercial		Commercial (multiple o	ccupancy)		
Detail Type of Business (i.e. hairdresser, motel, etc.)					
Type of Work (Please tick applicable)					
New Connection					
Alter/Repair					
PROPERTY OWNER DETAILS:					
Name:					
Postal Address:					
Ph: M	ob:	Fax: Emai	l:		
I hereby make an application to the Shire of Dalwallinu for consent to connect/alter on site sewerage plumbing at the property described above.  Signature of Owner (or Agent)					
PLUMBER DETAIL					
Name:		License No			
Business Name:		Ph:	Fax:		
Postal Address:		Email:			

FEES and CHARGES:					
Application & Connection Fee	177.00				
To be filed by office personnel.					
CONSENT: Consent is given to the Owner for the undertaking of the work described above.					
Name of Authorised Officer					
Signature:	Date:	<u> </u>			

Completed Forms can be emailed to <a href="mailto:shire@dalwallinu.wa.gov.au">shire@dalwallinu.wa.gov.au</a>