Administration Building: 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

Phone: (02) 63549999 **Fax:** (02) 63514259

Email: council@lithgow.nsw.gov.au **Web:** www.lithgow.nsw.gov.au

ABN: 59 986 092 492



WATER AND SEWER CERTIFICATE OF COMPLIANCE APPLICATION

(Application made pursuant to Section 305 of the Water Management Act 2000)

APPLICATION MUST BE MADE FOLLOWING ALL WORKS ON THE PROPERTY RELATING TO WATER AND SEWERAGE INFRASTRUCTURE

	APPLICANTS NAME				
	TELEPHONE:				
	OWNER/S NAME:				
	PLUMBERS NAME/L	ICENCE NO:			
	PLUMBERS EMAIL:				
	PLUMBERS PHONE	NUMBER:			
	PROPERTY DETAILS	<u> </u>			
	ADDRESS:				
	PROPERTY NUMBER	R:	LOT:	DP:	
	DEVELOPMENT APPLICATION No. :				
	the associated Deve	lopment Applic	ation, I confirm that all condition	s have been addressed to meet	
	requirements of the	Water and Was	tewater directorate.		
	SIGNATURE:			DATE://	
PRI	VACY & PERSONAL INFO	ORMATION PRO	FECTION NOTICE		
the f	unction of Council. Information	provided to Council m	with personal information. Council will collect the lay be used in conjunction with any of Council's and under the Government Information (Public A	ne information only for a lawful purpose directly related business operations. We will take reasonable care access) Act 2009.	ited to not to
	FOR OFFICE USE	ONLY			
	FEE PAID \$		RECEIPT NO:	PROPERTY NO:	
	WATER M	IETER NO:	DATE:		
	Maintained by Dept: Version: 3	W&WW	Effective Date: January 2020	Review Date: July 2020	