

APPLICATION FORM

7 Learmonth Road, Wendouree VIC 3355 | PO BOX 152 Ballarat VIC 3353
DX 35024 | ABN: 75 224 340 348



CENTRAL
HIGHLANDS
WATER

End of defects liability period verification

Development details

Address:

Estate name:

CHW's reference number:

Stage name:

Consultant's reference:

Consultant company:

Consultant's representative:

Service

Select one or more service.

Water

Sewer

Key personnel

Audit service consultant:

Construction auditor representative:

Licensed surveyor company:

Surveyor representative:

Contractor representative:

Construction supervisor representative:

Consultant's assurance

As the Consultant's Nominated Representative responsible for the construction of the works details in Central Highlands Water's notice of agreement, I verify that:

Non-conformances, including corrective action requests (CARs) have been actioned and rectified to Central Highlands Water's satisfaction.

Dispensation has been sought and agreed by Central Highlands Water for works that deviate from Central Highlands Water's requirements.

I
Agree that by signing below I agree to be bound by the terms set out in this document and
that I consent to this acceptance being relied upon as evidence of my intention to be so
bound.

Signature of consultant's representative:

Date: