

APPLICATION FORM

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



CENTRAL
HIGHLANDS
WATER

Request for dispensation

Development details

Address:

Estate name:

CHW's reference number:

Stage name:

Consultant's reference:

Consultant company:

Consultant's representative:

Development Phase: Design Construction Defects liability

Service

Select one service to apply for dispensation Sewer Water

Please attach any supporting documentation for the requested dispensation.

Sewer

Key personnel – Sewer

Audit service consultant:

Construction auditor representative:

Licensed surveyor company:

Surveyor representative:

Accredited contractor representative:

Construction supervisor representative:

Items for review – Sewer

Alignments	Maximum/minimum cover
Build over easement	Offsets
CCTV/ovality	Out of tolerances
Clearances – horizontal/vertical	Pipeline materials
Compaction/backfill	Scope changes
Curved mains	Sewer lot control
End of defects inspection	Finish levels
Maintenance structures	Sewer property connections
Other – specify	

Water

Key personnel – Water

Audit service consultant:

Construction auditor representative:

Licensed surveyor company:

Surveyor representative:

Accredited contractor representative:

Construction supervisor representative:

Items for review – Water

Alignments	Maximum/minimum cover
Build over easement	Offsets
Clearances – horizontal/vertical	Out of tolerances
Compaction/backfill	Pipeline materials
Curved mains	Scope changes
End of defects inspection	Water property connections
Finish levels	Other – specify

Consultant's assurance

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: