

APPLICATION FORM

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



CENTRAL
HIGHLANDS
WATER

Pre-construction Verification

Must be submitted at least 5 working days before construction begins

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

Construction period

Estimated start date:

Estimated completion date:

Planned work days

Monday – Friday

From (time am/pm):

to

Saturday

From (time am/pm):

to

Consultant – Key personnel

Audit services consultant:

Construction auditor:

Contact phone no.:

Contractor – Key personnel

Surveyor company:

Surveyor representative:

Accredited contractor:

Construction supervisor:

Contact phone no.:

Authorised pipe layer company:

Contact name: Phone:

Maintenance hole builder company:

Contact name: Phone:

Approve live sewer contractor company:

Contact name: Phone:

Tapping under pressure company:

Contact name: Phone:

Boring contractor company:

Contact name: Phone:

Disinfection contractor company:

Contact name: Phone:

Product by NATA registered tester:

Concrete supplied by:

Quarry products/compaction supplied by:

Mandatory documentation

Planned Construction Audit Schedule	Yes	No
Council approval for asset locations	Yes	No
Contractor's Project Management Plan	Yes	No
Contractor's Inspection and Test Plan	Yes	No
Final design plan issued to contractor for construction	Yes	No
The design if revised since issue	Yes	No

Consultant's assurance

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

The design of the works complies with the notice of agreement and its schedules and requirements or, I have lodged a Request for dispensation form to address any deviations.

The works will proceed in accordance with the lodged Project Management Plan and the Audit Schedule.

I agree to notify Central Highlands Water within 24 hours of any changes to the information certified above.

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: