

# APPLICATION FORM

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



CENTRAL  
HIGHLANDS  
WATER

## Notice of intention to carry out inspection

**Please arrange appropriate date/time with the relevant officer prior to submitting this form.**

### Development details

Address:

Estate name:

CHW's reference number:

Stage name:

Consultant's reference:

Consultant company:

Consultant's representative:

Developer:

Municipality:

### Service

Select one or more service

Sewer

Water

### **Inspection details**

Date

Time (am/pm)

### **Key personnel**

Contractor company:

Contractor representative:

Contractor's phone no.: