



**SHIRE OF DALWALLINU**  
**SEWERAGE CONNECTION APPLICATION**

**PROPERTY DETAILS**

Street No: \_\_\_\_\_ Lot No: \_\_\_\_\_ Street: \_\_\_\_\_ Town: " Dalwallinu  
Assess No: \_\_\_\_\_ Section: \_\_\_\_\_

**PROPOSED WORK:** (Initial sewer plan required to be lodged for ) Please tick all applicable boxes)

Residential (Single)  Residential (multi unit)

Commercial  Commercial (multiple occupancy)

Detail Type of Business (i.e. hairdresser, motel, etc.)

**Type of Work (Please tick applicable)**

New Connection

Alter/Repair

**PROPERTY OWNER DETAILS:**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Mob: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby make an application to the Shire of Dalwallinu for consent to connect/alter on site sewerage plumbing at the property described above.

Signature of Owner (or Agent) \_\_\_\_\_ Date: \_\_\_\_\_

**PLUMBER DETAILS:**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

Business Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Email: \_\_\_\_\_

**FEES and CHARGES:**

Application & Connection Fee — Refer to Shire of Dalwallinu Fees & Charges

*To be filed by office personnel.*

**CONSENT:** *Consent is given to the Owner for the undertaking of the work described above.*

Name of Authorised Officer \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Forms can be emailed to [shire@dalwallinu.wa.gov.au](mailto:shire@dalwallinu.wa.gov.au)