



<b>6. Fixtures to be installed</b> Completion of this section is mandatory. A fixture pair may be considered one fixture.	Indicate the number of fixtures to be installed:			
	sinks:	basins:	urinals:	showers:
	baths:	W.C.s:	laundry tubs:	
	other:	<b>Total number of fixtures:</b>		

<b>7. Water supply</b> Examples of supply details may include dual reticulation or recycled water. Completion of this section is mandatory if there is water supply plumbing work. If a prior approval from the distributor-retailer is NOT provided with this application, the applicant may need to obtain an approval prior to the local government issuing a compliance permit.	If the application is for a new connection, or disconnection of an existing water service, complete the following: (a) size of the service required (if known) _____mm (b) purpose of the water service ( <i>tick applicable boxes</i> ) <input type="checkbox"/> domestic <input type="checkbox"/> industrial <input type="checkbox"/> commercial <input type="checkbox"/> fire (c) nature of the work ( <i>tick applicable boxes</i> ) <input type="checkbox"/> new <input type="checkbox"/> alteration
	<i>Note—SEQ local governments cannot grant certain compliance permits or compliance certificates unless the distributor-retailer has approved the associated connection, connection change or disconnection to its water infrastructure; or it is a class of work that does not require distributor-retailer approval (Plumbing and Drainage Act 2002, section 85(7A) and 86(9A)).</i>

<b>8. Disposal of wastewater in unsewered area</b> Completion of this section is mandatory if there is an on-site sewerage facility or a greywater use facility. A Chief Executive Approval (CEA) number must be included for any on-site sewerage treatment plant or greywater treatment plant.	All applications must be accompanied by an on-site sewerage evaluation report. If the application is for an on-site sewerage facility or greywater use facility, provide details of the following: <b>Type of facility</b> <input type="checkbox"/> on-site sewerage facility <input type="checkbox"/> greywater use facility Treatment Plant CEA Number: _____ <input type="checkbox"/> service requirements (e.g. frequency of servicing ( <i>if known</i> ): _____ brand:_____ model:_____ capacity:_____
	<input type="checkbox"/> septic tank <input type="checkbox"/> holding tank brand:_____ model:_____ capacity:_____
	<b>Description of work</b> <input type="checkbox"/> new dwelling <input type="checkbox"/> connect to existing facility <input type="checkbox"/> conversion from septic to treatment plant Number of bedrooms in dwellings to be serviced by the facility:_____

**PRIVACY NOTICE:** The information on this form is collected as required under the *Plumbing and Drainage Act 2002* (PDA) by local governments. This information may be stored in the local government database and will be used for purposes related to deciding an application and monitoring compliance under the PDA. Your personal information will be disclosed to the financial institution which handles the local government's financial transactions and may be disclosed to other local government agencies, local government authorities, the Queensland Building and Construction Commission and third parties for purposes relating to administering and monitoring compliance with the PDA. Personal information will otherwise only be disclosed to third parties with your consent or in accordance with the *Information Privacy Act 2009*.

**RTI:** The information collected on this form will be retained as required by the *Public Records Act 2002* and other relevant Acts and regulations, and is subject to the Right to Information regime established by the *Right to Information Act 2009*.

FEE (\$)	DATE RECEIVED	RECEIVING OFFICER'S NAME/S	REFERENCE NUMBER/S
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