



**CAIRNS REGIONAL COUNCIL
WATER & WASTE**

PO Box 359 CAIRNS QLD 4870
Phone: (07) 4044 3044 Fax: (07) 4044 8228
Toll Free: 1800 070 444 "(Cairns region only, no STD rates apply)"

2009/2010

Order of Private Works

Application Requirements

Applications will not be accepted unless the five (5) items listed below are completed and attached; please indicate completion by marking the boxes provided

Applicant GSO

- 1. Completed Application for Water Meter or Subdivisional Connection**
- 2. Completed Order for Private Works & Services (Beside)**
- 3. Engineer's Certificate**
- Design maximum flow for each service
 - Design Hydraulic Grade Line Level at the proposed connection to Council's main
 - Proposed location and size of Council main to be tapped
 - Size and location of water service
 - Stating if Fire Hydrant(s) are required for the development
 - Stating if Fire Hose Reels are required for the development, and if so, if they could be used for washing down or other non-fire purposes
- 4. Hydraulic Plans**
- 5. Deposit as Applicable**

COMMERCIAL SERVICES	
20mm Water Service	Deposit of \$1,000-00
25mm Water Service	Deposit of \$1,000-00
40mm Water Service	Deposit of \$2,000-00
50mm Water Service	Deposit of \$2,500-00
80mm Water Service	Deposit of \$5,000-00
100mm Water Service	Deposit of \$7,000-00
FIRE SERVICES	
100mm Fire Main	Deposit of \$7,000-00
150mm Fire Main	Deposit of \$9,000-00
FIRE HYDRANTS	
Fire Hydrant	Deposit of \$2,500-00
SUBDIVISIONAL CONNECTION	
Subdivisional Connection	Deposit of \$2,500-00
RURAL DOMESTIC	
20mm Domestic Rural	Deposit of \$700-00

Order of Private Works & Services

I, the undersigned, hereby request Cairns Regional Council Water & Waste to carry out on my behalf the works and/or services described hereunder and agree to pay all costs incurred in the carrying out of such works and/or services, even though the costs may exceed the deposit.

Description of Works:

Invoicing Details:

Name of Company / Individual for Work Order to be invoiced to

Contact Person Phone No.

Mobile No. Fax No.

Signature

Postal Address

Postcode

Email Address:

Date:

Fee:	\$	Date Paid:		Receipt No.:	
T87 / CAT 5 / A/C #: (Commercial)		Building App. #:		CSO Name:	
Approved By:		Date Approved:		Work Order #:	