



CENTRAL WATER AND SEWERAGE AUTHORITY

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APPLICATION FOR SEWERAGE CONNECTION

FOR OFFICAL USE ONLY

REQUEST NO:.....

DATE:.....

SECTION 1

Please attach proof of ownership of the premises to which sewerage services are to be provided

- 1. NAME OF APPLICANT:.....
- 2. ADDRESS OR LOCATION OF BUILDING /PREMISES:.....
- 3. NAME AND ADDRESS OF OWNER:.....
- 4. BRIEF DESCRIPTION OF BUILDING/PREMISES (PLEASE TICK RELEVANT DETAIL)

1.4.1 COMMERCIAL:

- (a) *Hotel*
- (b) *Supermarket (animal/farm products retail)*
- (c) *Restaurants*
- (d) *Other (specify)*

1.4.2 INDUSTRIAL:

- (a) *Brewery, Dairy, etc.*
- (b) *Bottling, food processing, etc.*
- (c) *Other (specify).....*

1.4.3 DOMESTIC:

- (a) *Public facility (school, hospital, etc. serving meals)*
- (b) *Public facility not serving meals*
- (c) *Residential*

1.4.4 GOVERNMENT:

- (a) *Government offices etc.*

- 5. If more than one connection is required indicate the number of buildings:.....
- 6. If you have a previous connection please indicate account number:.....

7. DETAILS OF THE BUILDING/PREMISES:

- 1.7.1 NUMBER OF W.C'S:.....
- 1.7.2 NUMBER OF URINALS:.....
- 1.7.3 NUMBER OF GREASE TRAPS:.....
- 1.7.4 NUMBER OF EMPLOYEES:.....
- 1.7.5 HOTEL/RESTAURANT/FAST FOOD SERVICE, SEATING CAPACITY.....

- 8. SIGNATURE OF APPLICANT:..... DATE:.....

Please attach sketch of premises showing connection point.

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SECTION II

1. ASSESSMENT

1.1 APPLICANT INFORMATION AND ATTACHMENTS CORRECT AND COMPLETE?

YES/NO. IF NO EXPLAIN:.....

1.2 FOR NEW CONNECTIONS

1.2.1 TYPE OF CONNECTION:

- (a) RESIDENTIAL
- (b) COMMERCIAL
- (c) INDUSTRIAL

1.2.2 ROAD WORKS:

- (a) CUT LENGTH:.....
- (b) CUT WIDTH (4 FEET/3FEET)

1.2.3 FITTINGS REQUIRED:

- (a) PIPES
- (b) MANHOLE COVER (S)
- (c) OTHER (SPECIFY):.....

2. COSTING:

	ITEM	COST
A	LABOUR	
B	MATERIAL	
C	EQUIPMENT	
D	OVERHEADS	
E	ROAD REPAIRS	
	GRAND TOTAL	

3. ASSESSED BY:..... DATE:.....

4. ACCOUNTS:

4.1 DATE PAID:..... RECEIPT NO.:.....

4.2 CASHIER:.....

4.3 APPROVED BY:..... DATE:.....

5. CONNECTION:

5.1 DATE CONNECTION COMPLETED:.....

5.2 INSPECTED/CERTIFIED BY:..... DATE:.....

6. ACCOUNTS:

6.1 ACCOUNTS CODE:.....

6.2 ACCOUNTS NO.:.....

6.3 DATE:.....