

OPERATIONS DIRECTORATE – WATER SERVICES SECTION APPLICATION FOR STORM CONNECTION

| Name of Applicant: | | | |
|---|-----------------------------|-------------|----|
| Postal Address: | | | |
| Phone No: | E-mail: | | |
| Location of Connection: | | | |
| Proposed storm layout drawing a | attached: | Yes | No |
| Type of Connection: Saddle: | Existing Manhole: | New Manholo | e: |
| Contact person in connection wi | th the work: | | |
| Phone No: | Email: | | |
| Planning Permission required: | Yes No | N/a | |
| If yes, please state Reference No | <u> </u> | | |
| Have appropriate Planning Control If yes, please provide proof of payour application may not be pro | yment. Note: If planning co | | |
| Signature of Applicant: | | | |

IMPORTANT: Please note this application may require a Road Opening Licence.

If Road Opening Licence is required the connection cannot proceed without the licence.

If you have any further queries, please contact Water Services Section at 021 - 4924514 or email: waterservices@corkcity.ie

Please return this form, fee and relevant documentation to: Reception Desk, City Hall, Cork or post to Water Services, Room 315, City Hall, Cork T12T997