

APPLICATION FOR DISCHARGE OF TRADE WASTE

APPLICANT NAME AND CONTACT DETAILS

Name:

Postal Address:

Phone Number:

Email Address:

BUSINESS NAME AND ADDRESS

Trading Name:

Physical Address:

CONTACT PERSON

Name:

Position:

Mobile Number:

After Hours Phone Number
(if different to above):

THIS APPLICATION RELATES TO:

Proposed new discharge	
An existing discharge for which no Consent exists	
Renewal of a Consent	
Variation to an existing Consent Nature of variation:	
Change of owner	

OWNER OF PREMISES

Name:

Postal Address:

Phone Number:

LEGAL DESCRIPTION OF PROPERTY

Valuation Number:

Lot & DP Numbers:

IS THE PREMISES ALREADY CONNECTED TO THE PUBLIC SEWER:

Yes

No

If Yes, please advise the size of the connection (note - minimum size is 100mm):

DESCRIPTION OF MAIN ACTIVITY

DESCRIPTION OF TRADE WASTE

Type of Grease Trap:

Capacity:

DIAGRAM OF CONNECTION LOCATION

(SHOW DISTANCES FROM BOUNDARIES, KERBS, BUILDINGS ETC.)

Attach additional sheets as required

SIGNATURE BLOCK	
Full Name:	
1. I am duly authorised to make this application.	
2. I believe that all the information contained in this application is true and correct.	
3. I agree to allow authorised officers of the Masterton District Council to enter the premises subject to this application to take samples for general monitoring of trade waste discharges.	
Signature:	
Date:	

FOR OFFICE USE ONLY			
Application Number:		Date Received:	
Building Consent Number:			
Controlled		Conditional	
Small	Medium	Large	
Declined		Consent Not Required	
Fees:	Application Fee: \$	Discharge Fee: \$	TOTAL: \$
Approved By:			
Date:			