

# Pre-Construction Verification

TO BE LODGED AND SUBMITTED 5 WORKING DAYS PRIOR TO WORKS COMMENCING

Title Reference:

Vol:

Folio:

SPEAR Ref:

WPW Ref:

- -

## Service

(please tick):      Water      Sewer      Recycled water (where applicable)

## Development Details

Development name:

Development address:

Developer:

Accredited Consultant:

Consultant postal address:

Consultant reference:

## 1. Information

### Required Documentation

Project Quality Plan (include Consultant's risk based Audit Schedule)

Contractor's Public Liability insurance

Contractor's Safe Work Method Statement (SWMS)

Issue For Construction (IFC) drawings

Inspection Test Plan (ITP) and Hold Points

### Works Program

Commencement date:

Expected completion date:

Working hours:

Pre-commencement meeting

Date:

Time:

### Personnel

Developer company name:

Phone:

Developer email address:

**Contractors**

Principal Contractor name:

Phone:

Principal Contractor email address:

Construction auditor (Consultant's):

Phone:

Construction supervisor (Contractor's):

Phone:

Licensed surveyor  
(if not using Westernport Water):

**Subcontractors**

Developer company name:

Phone:

Developer email address:

Principal Contractor name:

Phone:

Principal Contractor email:

Contractor:

Phone:

**2. Consultant's Assurance**

**As the Consultant's Senior Management Representative responsible for the project management of the works detailed in Westernport Water's Development Agreement,**

I verify that:

**The project management of the works detailed in Westernport Water's Development Agreement will proceed in accordance with the lodged Project Management Plan and Audit Schedule.**

Name of the Consultant:

Company name:

Address:

Phone:

Consultant's signature:

Date:

**I agree to notify Westernport Water within 24 hours of any changes to the information certified above.**



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