Request for Consent to Statement of Compliance / Acceptance of Works Certificate

To be completed by Developer/Consultant and returned to Westernport Water.

Developer/Consultant

Please complete the following Checklist by noting items Yes/No/NA as they are completed.

| (please tick): | Water | Sewer | Recycled Water (where applicable) | |
|----------------|-------|-------|-----------------------------------|-------------|
| Estate Name: | | | | Stage No. |
| Address: | | | | |
| SPEAR Ref: | | | Plan of Subdivision: | Version No. |
| | | | | |

| | Date | Yes/No/NA |
|---|------|-----------|
| Has Certification of Plan been issued? | | |
| Has Developer's Application been processed? | | |
| Has Developer's Agreement been signed and returned to Westernport Water (WPW)? | | |
| Have Engineering Fees been paid? | | |
| Has Owner paid construction costs? (Only for Minor Works) | | |
| Have Design Plans been signed and approved by WPW and issued to Consultant? | | |
| Have existing services been re-located or de-commissioned in the newly-created lot(s) (eg sewer house drain and water service)? | | |
| If an Owners Corporation - has an As Constructed Drawing been supplied? (Minor Works) | | |
| Have new construction works been tested? (see items listed on Construction Verification form) | | |
| Has Final Inspection by WPW and Developer been conducted and Passed? | | |
| Have New Customer Contribution Fees (NCCs) been paid? | | |
| Has the Maintenance Bond/Bank Guarantee been paid? | | |
| Has Consultant provided the certified costs? | | |
| Have Final As Constructed Drawings/ACDC Submissions been accepted by WPW? | | |



Please sign and date below to confirm all Checklist items have been completed; send PDF copy to relevant Westernport Water Technical Officer to facilitate release of Statement of Compliance / Acceptance of Works Certificate.

Name of Developer/Consultant:

Company name:

Address:

Phone:

Consultant's/Developer's Signature:

Date:

| Confirm whether a Notice of Declaration of Serviced Property | is required for: Date | e Yes/No/NA |
|---|----------------------------|-------------|
| - Water services? | | |
| - Sewerage services? | | |
| Recycled Water services (where applicable)? | | |
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