WATER AND SEWERAGE AUTHORITY
OF TRINIDAD & TOBAGO

# NEW SERVICES DEPARTMENT

## (PLUMBING INSPECTORATE)

**For Official Use Only**

| | |
|---|---|
| WASA Account# | |
| Application # | |
| Amount Paid $ | |
| Receipt # | |
| Date | |

**1**

## APPLICATION FOR INSTALLATION OF PLUMBING SYSTEM

1 **Name of Owner**

Surname First Name

2 **Address of Premises**

3 **Present Address of Owner**

4 **Telephone Number/s** Home Work

5 **Name of Licenced Sanitary Constructor**

6 **Licence #**

7 **Address of Licenced Sanitary Constructor**

8 **Licenced Constructor's Telephone Number**

9 **Type of Building/System**

| | | | |
|---|---|---|---|
| Residential | $150.00 | +VAT | |
| Multi-unit Residential | $150.00 | +VAT per Unit | |
| Commercial | $200.00 | +VAT per Floor | |
| Industrial | $450.00 | +VAT per Floor | |
| Institutional | $500.00 | +VAT per Floor | |
| Swimming Pool/ Residential | $500.00 | +VAT | |
| Swimming Pool/ Commercial | $1000.00 | +VAT | |

## 2

## AGREEMENT TO PAY PRESCRIBED SEWERAGE RATES AND CHARGES

**10** I/We, the undersigned, as Owner/Occupier of the premises on this application form do apply to have the plumbing system/s installed at said premises and to connect to the public/private sewerage system in accordance with the approved plan subject to the provision of the Water and Sewerage Act 1965 - Sec. 66 (7).

**11** I/We, the undersigned, do apply to have work done privately at my/our expense by the Licensed Sanitary Con**s**tr**u**ctor mentioned in this application form.

**12** I/We, the undersigned, do hereby agree to conform to all sewerage rates and charges as prescribed by the Authority under the virtue of the Water and Sewerage Act 1965 - Sec. 66 (7).

_____ _____

**Signature of Applicant/Agent** **Signature of Licensed Sanitary Constructor**

## 3

## WARDENS CERTIFICATE OF ASSESSMENT OF PREMISES

I, certify that the above-mentioned premises are assessed in the Current Assessment Rolls

Ward

Name of Land Owner

Name of Tenant appearing on sub-return

Name of Previous Owner

Annual Taxable Value of Building $

Assessed with effect from L&B#

Ward Roll No.

_____ _____

**Signature of Warden** **Date**