

Permit Transfer

# CITY OF MANUKAU

Old Permit 11731

7/11/86

## APPLICATION FOR PERMIT FOR SANITARY PLUMBING OR DRAINAGE WORK



To: THE CITY INSPECTOR  
MANUKAU CITY COUNCIL  
PRIVATE BAG  
MANUKAU CITY

### OFFICE USE ONLY

PERMIT:

PLUMBING NO. ....

DRAINAGE NO. ...12539...

DATE: ...20/1/87.

I, G. McLaughlan of 99 MARK RD MANUREWA  
(full name) (address)

(the undersigned) hereby apply for a permit for the work described herein, and set out in plans attached hereto, to be carried out in the undermentioned premises: -

Lot 45 DP. 98287 Postal Address: 120 Walter Stevens Drive

Name and address of owner: \_\_\_\_\_

### Description of proposed work:

- (a) No. of Water Closets \_\_\_\_\_ (b) No. of Baths \_\_\_\_\_ (c) No. of Basins \_\_\_\_\_  
(d) No. of Sinks \_\_\_\_\_ (e) No. of Flop-sinks \_\_\_\_\_ (f) No. of Wash-tubs \_\_\_\_\_  
(g) No. of Urinals \_\_\_\_\_ (h) No. of Separate Shower Compartments \_\_\_\_\_  
(i) No. of Clothes Washing Machines \_\_\_\_\_ (j) No. of Dish Washing Machines \_\_\_\_\_  
(k) No. of Waste-disposal Units \_\_\_\_\_ (l) Other Sanitary Fittings (specify) \_\_\_\_\_

If in connection with existing work, give full details of repairs and alterations, etc.: \_\_\_\_\_

Drainage work to be installed \_\_\_\_\_

- (a) Total estimated value of plumbing work \_\_\_\_\_  
(b) Estimated value of plumbing work excluding cost of materials \_\_\_\_\_  
(c) Total estimated value of drainage work \_\_\_\_\_  
(d) Estimated value of drainage work excluding cost of materials \_\_\_\_\_

Name and address of craftsman, plumber or registered drainlayer G. McLaughlan  
99 MARK RD. MANUREWA

Craftsman No. (Plumber) \_\_\_\_\_ Registered (Drainlayer) 102261

DATED this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Applicant: G. McLaughlan

### FOR OFFICE USE ONLY:

WARD \_\_\_\_\_

Date \_\_\_\_\_

Received \_\_\_\_\_

Approved \_\_\_\_\_

Plumbing/Drainage

Fee \$ \_\_\_\_\_

Sanitary Sewer Connection

Fee \$ \_\_\_\_\_

Stormwater Connection

Fee \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Transfer