

**APPLICATION FOR
CERTIFICATE REGARDING WATER SUPPLY
AVAILABILITY/CONNECTION***

**BUILDING (STANDARDS OF SANITARY FITMENTS, PLUMBING,
DRAINAGE WORKS & LATRINES) REGULATIONS**

Lot No.:
Address:

Date: (DD/MM/YYYY)

Please supply the following certificate:

***I - Availability of Water Supply:**

1. Potable Water
2. Flushing Water

(a) Anticipated Completion Date _____ (DD/MM/YYYY)

(b) Proposed development: _____ Estimated daily demand _____ litres

- Residential: No. of flats _____ Anticipated Population _____
 Commercial: No. of units _____ Nature _____
 Industrial No. of units _____ Nature _____

* (c) Attached is a copy of the water supply clause(s) in conditions set for this land.

* (d) This development is a Section 16 application case under the Tower Planning Ordinance and approved on _____ (DD/MM/YYYY) with

* (i) no comment on water supply issue from the Town Planning Board, or

* (ii) comment(s) on water supply issue from the Town Planning Board as shown in the attached copy.

* (e) This is a redevelopment case without any need for Section 16 application under the Town Planning Ordinance.

***II - Connection of Water Supply:**

1. Potable Water
2. Flushing Water

Please quote ASN: _____

I serve this notice on the period of availability of site under safe condition for connection works (3 months advance notice normally required) and undertake to make the inside service ready for connection:

_____ I confirm that the plumbing fittings and pipes used in the captioned project are in full compliance with Waterworks standards and requirements.

I fully understand the purpose and agree to the Water Authority using data collected from me for the purpose of or directly related to applying for new water supply. If I do not provide sufficient data, the Water Authority may not be able to process my application. I agree that these data and other related information may be transferred to other Government bureaux and departments. I understand that I can request the Departmental Secretary of the Water Supplies Department at 48/F., Immigration Tower, 7 Gloucester Road, Hong Kong for access to and correction of personal data.

Authorized Person's Signature _____

Name (in Block Letters) _____

HKID No. _____

Company Name _____

Business Registration No. _____

Preferred contact method: *by mail/e-mail/fax

Mailing Address _____

E-mail _____

Fax No. _____

Tel No. _____

Tick as appropriate

* Delete as appropriate

SAVE WATER – SAVE MONEY