



As Laid Drainage

Working Together

Building Consent Number: Date: / / No. of pages:

Building Address:

Drain Layer Name: [Please print clearly] Signature:

Registration Number: Business Name:

To Council: [Tick]

- Hamilton
- Hauraki
- Matamata-Piako
- Otorohanga
- Thames-Coromandel
- Waipa
- Waikato
- Waitomo

