



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

