

Christchurch City Council authorised drainlayer

Application form for approval

To apply for approval as a Christchurch City Council Authorised Drainlayer, please complete this application and attach all relevant supporting documentation. The processing of this application may be delayed if the form is incomplete. For more information see

www.ccc.govt.nz/consents-and-licences/construction-requirements/approved-contractors/authorised-water-supply-installers

Return the completed form and supporting documentation via email or post

Email: **AD@ccc.govt.nz**

Post: **Authorised Drainlayers, City Services, PO Box 73014, Christchurch 8154**

Part A - **Applicant details** *(details of the person making this application)*

Full legal name(s):

Preferred name:

Date of birth: / /

Mobile: ()

Please attach
a recent photo

Part B - **Company details** *(details of the company who employs the person making this application)*

Company name:

Company postal address: Suburb:

PO Box: Town:

Telephone: () Mobile: ()

Email:

Part C - **Approval category** *(select which categories you wish to be approved for)*

Renewal/repair of CCC owned:

☐ Gravity Laterals* ☐ Mains <225mm internal diameter ☐ Mains >=225mm internal diameter

☐ New lateral connections to CCC owned pipelines

*Note: you must be an Authorised Drainlayer before you can apply for the following categories:

- Installation of pressure sewer tanks
- Installation of pressure sewer reticulation (including boundary kit and downstream reticulation)
- Installation of vacuum sewer pits and downstream vacuum reticulation

Please complete an Application for Approval as a Christchurch City Council Authorised Drainlayer – Additional Categories

Part D - **Registered, Certifying Drainlayer with current licence** *(registered under the Plumbers, Gasfitters and Drainlayers Act 2006 – see www.pgdb.co.nz)*

☐ Yes. Registration Number: Expiry date: / /

☐ No. Does the company you work for employ a Registered, Certifying Drainlayer? ☐ Yes ☐ No

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Part E - Drainlaying experience

Give details of three (3) recent projects where you personally carried out drainlaying work, including the names and contact details of persons that we can contact for a reference)

1. Project:

Details of work carried out:

Referee:

Referee's contact details:

2. Project:

Details of work carried out:

Referee:

Referee's contact details:

3. Project:

Details of work carried out:

Referee:

Referee's contact details:

Part F - Company's Plant/Equipment *(list plant and equipment which enables work to be completed)*

Part G - Company's insurance *(at least \$1M Public Liability Insurance, with vibration, removal and weakening of support extension of \$250,000 required)*

Name of Insurance Company:

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Part H - **Application checklist** (submit the following documentation along with your signed application form)

- ☐ Copy of applicant's Confined Spaces Training Certificate showing completed Unit Standards¹
- ☐ Company's traffic management arrangements² (state if in-house or third party STMP is being used for TMP preparation)
- ☐ Company's Health and Safety Management System (manual or overall plan)
- ☐ Company's Quality Assurance Plan³
- ☐ Copy of Company's Public Liability Insurance
- ☐ Application fee of \$729 (including GST) per applicant (not company). Payable at any Council Service Centre or over the telephone on 03 941 8999. If you want to pay by phone please be ready to provide the applicant and company names, the amount of the fee and the name of the application form.

Part I - **Conditions**

¹ Confined Spaces

All Authorised Drainlayers are required to apply for Authority to work in Council Confined Spaces. See <https://www.ccc.govt.nz/consents-and-licences/construction-requirements/authority-to-access-council-services-confined-spaces>

² Traffic Management

TMPs are required for all activities that vary the normal operating condition of the road, irrespective of whether the activity is on a carriageway, footpath or adjacent to the road. TMPs are also needed for activities outside the road reserve which will affect the normal operating conditions of the road. Prior to such activities commencing, a TMP complying with the Transit Code of Practice for Temporary Traffic Management (CoPTTM) must be submitted to, and approved by the Council's Traffic Management Coordinator. A qualified STMP must submit the TMP online at www.tmpforchch.co.nz at least five (5) working days prior to the planned commencement of work.

³ Quality Assurance Plan

For details on the required contents of such a plan, refer to the Council's:

- Infrastructure Design Standards (IDS) Part 3 – Quality Assurance (Appendix III – QA Plan Template)
- Construction Standard Specifications (CSS) Part 1 – General (4.0)
- Construction Standard Specifications (CSS) Part 3 – Utility Drainage (Appendix 1, Appendix 3, Appendix 4)

Assessment

On-site technical assessments are required to ensure that the applicant has the necessary experience, technical skills and resources to carry out authorised work in accordance with Council regulations and standards. When applicant has a suitable job(s) to be assessed please call 03 941 8999 and ask to speak with the Authorised Drainlayer Assessor to arrange suitable assessment times.

Approval

Approval will be given in writing only, and is only awarded to the individual and not to commercial entities. It is not transferable and can be withdrawn by the Council upon non-compliance with the rules as outlined in the Terms and Conditions.

Part G - **Declaration**

I, (Name of applicant):

- ☐ Confirm that all the details set out in and/or attached to this application are complete and accurate in all respects
- ☐ Have read and am familiar with the Christchurch City Council's Construction Standard Specifications (CSS) and other relevant Council and AS/NZS standards and guidelines and have copies of the relevant documents at the worksite at all times
- ☐ Am familiar with the Council's Permit to Work system
- ☐ If approved, agree to be bound by the terms and conditions as set out in the 'Authorised Drainlayer Terms and Conditions'

Name: Signature: Date: / /