



To: Matamata Piako District Council

Permit No.

**Kaimai Consultants**  
 P O Box 266, Te Aroha  
 Phone (07) 884 0060  
 Fax (07) 884 0077

EP-16F1 Issue 3

**Street/Road Opening Application**

**To:** Kaimai Consultants  
 I/We wish to carry out the work on the legal road reserve described in the plans and specifications deposited herewith and/or described below.

**Company applying for permit:** \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (Phone) (Fax)

**Contractor carrying out work:** \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (Phone) (Fax)

**Contact Person:**

i) Design \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (Phone) (Fax)

ii) Installation: \_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Address) (Phone) (Fax)

**Details of Openings**

Street/Road Address or Ramm Distance	Location on Street/Road	Dimensions of Openings			
		Length	Width	Depth	Type of Surface

**NOTE: Services under carriageways must have 900mm minimum cover.  
 Plan to be attached wherever possible**

Type of Service: Telephone  Power  Gas   
 Water  Sewer  Other

Proposed start date: \_\_\_\_\_ Estimated duration of work: \_\_\_\_\_

Actual Completion Date (For Council Use Only) \_\_\_\_\_

**Please notify actual start date.**

I/We agree that the work carried out remains the responsibility of the applicant until 6 months after the final surface finish is completed and approved by Council.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A PERMIT WILL BE SENT TO THE APPLICANT WHEN WORK IS APPROVED.**