

APPLICATION – NEW TURF WATERING PLAN



APPLICANT INFORMATION

- *What is your name? _____
- *Your contact phone number: _____
- *Are you the property owner? Yes No
- *What is the property owner's name? _____
- *How would you like to receive correspondence regarding determination of your request - Provide Email or Postal Address

PROPERTY DETAILS FOR REQUEST

- Unit No: _____ House No: _____ *Street: _____
- *Suburb: _____
- * Residential * Commercial *Other _____

NEW TURF WATERING PLAN – 4 WEEKS

- *Supplier Details turf purchased from: _____
- *Date of Turf to be laid: _____ *Size of Turf: _____ (Must not exceed 50 m2)
- *Watering Start Date: _____
- *Method of watering: _____
(eg; programable smart water system / hand held hose with trigger)
- *Details of ground preparation and soil wetting agents to be used: _____

*** The following must be attached with your application**

- Evidence / Proof of purchase of new turf Photograph/Diagram of New Turf Area

Conditions of new turf watering;

- Applications for watering of new turf will not be permitted during level 5 and 6 water restrictions.
- Suitable soil preparation and wetting agent must be used in accordance with manufacturer specification.
- 4 week watering program must not exceed the below;
Week 1 - Watering 3 times per day (morning – midday – evening) – Duration 5 to 10 minutes
Week 2 - Watering 2 times per day (morning – evening) – Duration 5 to 10 minutes
Week 3 - Watering 2 times per day (morning -- evening) – Duration 5 to 10 minutes
Week 4 – Watering 1 time per day (morning or evening) – Duration 5 to 10 minutes
- Approved plans are only permitted for a maximum of 4 weeks, after which watering of lawns come under current water restrictions.
- If your application for Watering of New Turf is approved, Council will provide written notification and you will be required to provide the letter as evidence verifying approval, if requested by Council officer. A sign will also be provided by Council and must be displayed at the front of the premises in a visible location at all times during the approved plan period.

By signing below you declare the information provided is true and correct and you agree to abide by the above conditions.

*Your signature: _____ Date: _____

Office Use Only

Approved: Yes No

Staff Signature: _____

Date: _____

Approval # _____

