

Questions on Form (*mandatory data field)	How to answer questions	Answers to questions
<b>Page 1</b>		
<b>Application Details</b>		
Customer Reference Number *	<i>Icon Water Bill Account Number of land owner - 12 digits, no spaces. See Water and Sewerage Bill</i>	
<b>Resubmission Details</b>		
Is this a resubmission of declined application?	<i>Select Yes or No</i>	
If yes: Declined application number	<i>Enter the Application Number of the previously declined application</i>	
<b>Property Details</b>		
Building Name (if applicable)	<i>Enter the name of the Building if it has one</i>	
Unit/Shop Number	<i>If not applicable type 0</i>	
Suburb*	<i>Choose from list. Must match ACT Government current listing <a href="https://www.actmapl.act.gov.au/home.html">https://www.actmapl.act.gov.au/home.html</a></i>	
Section*	<i>As per ACT Government current listing - see <a href="https://www.actmapl.act.gov.au/home.html">https://www.actmapl.act.gov.au/home.html</a></i>	
Block*	<i>As per ACT Government current listing - see <a href="https://www.actmapl.act.gov.au/home.html">https://www.actmapl.act.gov.au/home.html</a></i>	
Street Number*	<i>As per ACT Government current listing - see <a href="https://www.actmapl.act.gov.au/home.html">https://www.actmapl.act.gov.au/home.html</a></i>	
Street Name*	<i>As per ACT Government current listing - see <a href="https://www.actmapl.act.gov.au/home.html">https://www.actmapl.act.gov.au/home.html</a></i>	
Postcode*	<i>As per Australia Post</i>	
<b>Land Owner Details</b>		
Full Name(s) of Land Owner(s)*	<i>Enter the nominated contact name of the Land Owner(s)</i>	
Land Owner(s) Business Name or Trading Name*	<i>If the land owner is a business or trust etc enter it here</i>	
ABN (11 digits) or ACN (9 digits) please use no spaces*	<i>If relevant enter the ABN or ACN of property owner, using no spaces - use this website to confirm <a href="https://abr.business.gov.au/">https://abr.business.gov.au/</a></i>	
Phone Number*	<i>Enter phone number of nominated contact</i>	
Email*	<i>Enter email of nominated contact</i>	
Postal Address (with same as above check box option)	<i>Enter postal address of nominated contact</i>	
<b>Details of person filling out this form</b>		
Name*	<i>Enter name of person completing the form</i>	
Position Title*	<i>Enter the position title of person completing the form</i>	
Phone*	<i>Enter phone of person completing the form</i>	
Email*	<i>Enter email of person completing the form</i>	

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<b>Property Occupier Details</b>		
Previous Business Trading Name (if applicable)	Enter the name of the business who traded at the property previously.	
New Business Trading Name *	Enter the name of the business applying to trade at the property.	
ABN (11 digits) or ACN (9 digits) please use no spaces*	If relevant enter the ABN or ACN of the business, using no spaces - use this website to confirm <a href="https://abr.business.gov.au/">https://abr.business.gov.au/</a>	
Name of Contact Person*	Enter the name of the contact person for the business	
Position Title*	Enter the position title of the contact person for the business	
Phone Number*	Enter the phone number of the contact person for the business	
Email*	Enter the email of the contact person for the business	
<b>Business Activities</b>		
Business Activities - check boxes *	Select all that apply. Choose "Other" to manually type in if what you require doesn't appear	
About the Business*	Explain what the business is and what their services are	
Activities that produce the LTW*	Explain what business activities are generating the liquid trade waste discharging to sewer	
Number of seats for food business	Enter the number of seats where meals are served to	
Number of rooms for motel/hotel/hostel/boarding	Enter the total number of rooms	
Grease trap identification number (if applicable)	Enter the Grease trap identification number the business discharges to	
<b>Business Operating Hours</b>		
Day From / Day To	Enter the weekly trading days	
Time From / Time To	Enter the trading times across those days.	
List any seasonal variations to the above operating times	Add in information about any high peak or low demand times the business may have	
Expected Commencement Date of Business Operation*	Enter the date the business is expected to commence. If already operating write existing	
<b>List of Fixtures draining to sewer</b>		
Fixture Type	Enter the fixture type that discharges liquid trade waste to sewer e.g dishwasher, sinks, floor wastes etc	
Total Number	Enter the total number per fixture type	
Is the total LTW discharge greater than 5000 L/day (or industrial in nature)?	Select Yes or No	
Total Daily Discharge Volume (kL/day)*	Enter the estimated daily discharge volume of liquid trade waste to sewer	
Maximum/Peak Flow Rate (L/s)*	Enter the maximum peak flow rate to sewer	
<b>Pre-treatment Devices</b>		
Pre-treatment Systems	Select the type of pre-treatment	
Existing/Proposed	Select if it is existing or proposed	
Type Model	Type the model	
Pre-treatment ID	Enter the pre treatment ID of the device	
Size/Capacity	Enter the size or capacity of the device	
Location	Enter the location where it is installed	
Quantity	Enter the quantity of the devices installed	
Frequency	Enter the maintenance activity for the device	
Proposed Maintenance Activity	Enter the frequency of maintenance for the device	

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<b>Attachments/Supporting Document Checklist</b>		
Check list of document types	Select and upload each documents as relevant to the application.	
NOTE: You can purchase site drainage plans online from Access Canberra. <a href="https://forms.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1024&amp;tmFormVersion">https://forms.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1024&amp;tmFormVersion</a>		
Building Drainage Plan	Mandatory for all applications. It must display how the business is connected to pre-treatment devices and then onto the Icon Water sewer network. It should show the size (with dimensions) and location of any pre-treatment devices, as well as all provisional points and connections to shared pre-treatment.	
Individual Unit Drainage Plans (where application covers multiple units)	Only required as a standalone document if the building drainage plan cannot show enough detail for fit out of individual unit.	
Icon Water Grease Trap Identification Form	This form must be signed by the authorised signatory who manages the use and connection/disconnection to the grease traps. If the property has multiple or shared grease traps, this form provides a single register of all connections to each grease trap, including provisional points.	
Unit/Shop Location Plan	Must display the Unit/Shop numbers for the tenancies covered in the application. It must match data provided in the application form	
Any other supporting documents	E.g. Pre-treatment location plan (if can't be clearly showed on other plans, chemical safety data sheets, pumped waste details, etc)	
<b>Privacy Policy</b>	For information	
<b>Acknowledgement - To be signed by Property Owner</b>		
I/We acknowledge the above	Check box	
Email to owner check box.	Check box	
If selected:		
An automated email will be sent to the Property Owner with a pdf of the application to sign.		
If not selected:		
The property owner must sign directly onto the form at the time		
Signature box	Owner to sign using a touch screen or using a mouse, if signing at time of application submission	
Print Full Name of Signatory above	Enter full name of signatory above	
Title or Position of Signatory above	Enter title or position of signatory above	
Date	Enter the date of signature	
<b>Submit Button</b>	Press to submit the application to Icon Water. The email listed for the person filling out the form will receive a pdf copy of the application form. If the email to owner option was selected, the email provided at that section of the form will receive a pdf copy of the application to sign.	