WCC-Logo-2015-Email-SignatureCOMHAIRLE CHONTAE LOCH GARMAN

**WEXFORD COUNTY COUNCIL**

**APPLICATION TO HAVE DEVELOPMENT TAKEN IN CHARGE**

**BY WEXFORD COUNTY COUNCIL (Developer)**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No.** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developer’s Name**: (if different to above)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developer’s Address**: (if different to above)

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**O.S. Map No.** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Planning Ref. Nos.** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development Contribution Receipt No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Connection Fee Receipt No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of Houses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of Apartments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No. of Commercial Units**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Engineers and Architects Certificates for Compliance** | | | | **Comment** | | | |
| Planning, open space, boundaries etc | | | |  | | | |
| Sewers | | | |  | | | |
| Waters Mains | | | |  | | | |
| Public Lights | | | |  | | | |
| Pump Stations/ Booster Pumps/WWTP etc | | | |  | | | |
| Attenuation | | | |  | | | |
| Roads and services | | | |  | | | |
| **As Constructed Drawings** | | | | **Comment** | | | |
|
| Electronic copy submitted | | | |  | | | |
| 2\* Hard Copies | | | |  | | | |
| **Site Layout Drawings** | | | | **Comment** | | | |
|
| Indicate extent of roads and lands to be taken in charge | | | |  | | | |
| Indicates House Numbers where applicable | | | |  | | | |
| Details pre-existing topography, services, water courses etc. | | | |  | | | |
| Existing wayleaves or other burdens on - Copy of agreements  lands | | | |  | | | |
| **Watermains** | | | | **Comment** | | | |
|
| Plan of watermain | | | |  | | | |
| Longitudinal sections of watermains | | | |  | | | |
| Locations of all sluice valves, scour valves, air valves, hydrants, meters, water service control units must be clearly indicated | | | |  | | | |
| Route, diameter and class of water pipelines indicated | | | |  | | | |
| Indicate details of bulk meter type (electronic or mechanical) and bypass arrangements if applicable | | | |  | | | |
| Confirmation of depth of water services for adequacy of cover | | | |  | | | |
| **Foul Sewers** | | | | **Comment** | | | |
|
| Plan of sewers | | | |  | | | |
| Longitudinal sections showing gradient of pipeline, pipe diameter and pipe type | | | |  | | | |
| Location of manholes including finished ground/cover level and invert level to be identified on plan | | | |  | | | |
| Comment on the grade, standard and condition of all covers and frames | | | |  | | | |
| Indicate location and route of all connections from sewers to individual properties | | | |  | | | |
| **Test Certificates Water** | | | | **Comment** | | | |
|
| WCC leak detection & Hydrant inspection | | | |  | | | |
| Water pipelines - pressure tests (at 1.5 times working pressure) | | | |  | | | |
| Water Losses (minimum night flow should not exceed 6l/dwelling/hour) | | | |  | | | |
| Sewer pipelines - Air tests to BE EN 1610 | | | |  | | | |
| **Surveys Water Network** | | | | **Comment** | | | |
|
| All valves and hydrants to be opened and checked for compliance with standards and dipped to crown of pipe to ascertain adequacy of cover. Chamber Clean, Hydrants capped etc | | | |  | | | |
| 1:10 stop valves to be opened and checked for compliance with specification and depth of cover. | | | |  | | | |
| **Surveys**  **Wastewater Network** | | | | **Comment** | | | |
|
| CCTV Survey-with reports including classification of all defects and defect grading. (separate reports for Foul & SW to be issued) | | | |  | | | |
| Manhole Survey–Photographic survey, with clear reference No's marked & identifiable both on Dwg & in-situ. Comments on benching, infiltration, cover/frame type and cover slab integrity and flushness with surface, accessibility, subsidence, cracking, ponding if present and checked for compliance with specification | | | |  | | | |
| Dye tests- premises to be subject to dye test | | | |  | | | |
| Infiltration test- Guideline: Infiltration shall not exceed 0.5 litres/linear metre of pipeline/metre nominal bores over a period of 30 minutes. | | | |  | | | |
| **Surveys Surface Water Network** | | | | **Comment** | | | |
|
| CCTV Survey-with reports including classification of all defects and defect grading. | | | |  | | | |
| Manhole Survey–Photographic survey, with clear reference No's Marked & identifiable both on Drawing & in-situ. comments on benching, infiltration, cover/frame type and cover slab integrity and flushness with surface, accessibility, subsidence, cracking, ponding if present and checked for compliance with specification | | | |  | | | |
| Details & Location of Gullies, Type of Cover & frame and checked for compliance with specification. | | | |  | | | |
| Presence of any water ponding on finished road surface | | | |  | | | |
| Check of manholes for presence of foul sewage or other grey/wastewater | | | |  | | | |
| Details of Attenuation installed , Design, type of system installed, certification of installation, Engineers Certification and checked for compliance with specification | | | |  | | | |
| **Way-leaves and Easements** | | | | **Comment** | | | |
|
| Land ownership detail of roads & common areas etc | | | |  | | | |
| Copies of all way-leaves, burdens, land transfers and other document pertinent to development to be submitted. | | | |  | | | |
| **Service History** | | | | **Comment** | | | |
|
| Detail significant watermain leaks / bursts / issues | | | |  | | | |
| Detail significant Surface & Foul sewers blockages / bursts / issues | | | |  | | | |
| Flooding risk or details of previous incidents | | | |  | | | |
| Detail other known risks/issues (environmental/safety/other) | | | |  | | | |
| **Pumping Stations & Waste Water Treatment Plants** | | | | **Comment** | | | |
|
| Water Pumping Station (include MPRN) | | | |  | | | |
| Wastewater Pumping Station (include MPRN) | | | |  | | | |
| As constructed drawings and specifications to include type and size of pumps; wiring diagrams for control panel and switch gear; telemetry system; lifting equipment including certification of same. O&M, Safety File, details of service history | | | |  | | | |
| Rising main details | | | |  | | | |
| Reports associated with supervision of installation | | | |  | | | |
| Operational Arrangements (By whom) | | | |  | | | |
| Performance issues-Where Council have intervened | | | |  | | | |
| MPRN and Account Holder Details from electricity account | | | |  | | | |
| Actual or estimated annual consumption from Electricity bill. | | | |  | | | |
| Details of Maintenance agreement, with service reports, repairs undertaken & maintenance inspection records | | | |  | | | |
| **Public Lighting** | | | | **Comment** | | | |
| As constructed Drawings and specifications to include type of lantern, spacing’s, column details, wiring layout, cabling type, minipillar fit-out, column fusing etc and associated certification of same. O&M, Safety File, details of service history | | | |  | | | |
| GMPRN and Account Holder Details from electricity account | | | |  | | | |
| MPRN for each Mini Pillar, address & no of lights connected to each, No of Circuits etc | | | |  | | | |
| Current Test Record Sheet for installation (RECI) or similar | | | |  | | | |
| **Roads & Footpath Open space** | | | | **Comment** | | | |
|
| Thickness and specification of wearing course basecourse, sub-base etc | | | |  | | | |
| Reports associated with supervision of installation | | | |  | | | |
| Thickness and specification of footpath, presence of cracks, trips etc | | | |  | | | |
| Boundaries constructed in compliance with grant of planning permission | | | |  | | | |
| Open space constructed in compliance with grant of Planning Permission | | | |  | | | |
| Details of Gas installation | | | |  | | | |
| Other NTL/Telecom etc | | | |  | | | |
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| **Comments or Further information supplied** | | | |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| Signed: |  | | | |  |  |  |
| Developer |  | | | |  |  |  |
| Date: |  | | | |  |  |  |
|  |  |  |  |  |  |  |  |
| **Note: Please attach 2 copies of all reports, drawings , surveys etc with completed form.** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **QUALIFICATIONS OF CERTIFYING ENGINEER / ARCHITECT** | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name of certifying Engineer / Architect: | | | |  |  |  |  |
| Qualification of certifying Engineer / Architect:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Qualification year and Issuing Authority: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
|  |  |  |  |  |  |  |  |
| **PROFESSIONAL INDEMNITY INSURANCE DETAILS OF CERTIFYING ENGINEER / ARCHITECT** | | | | | | |  |
|  |  |  |  |  |  |  |  |
| Indemnity issued by: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Indemnity policy number: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Indemnity issued in the name of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Indemnification limit (euro): | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
| Commencement and expiry dates of policy: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **I certify that the above information is correct** | | | |  |  |  |
|  | Name of certifying person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |