COMHAIRLE 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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 betaken 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 |   |
| **SurveysWater 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.  |   |
| **SurveysSurface 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 |   |
|   |   |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Comments or Further information supplied**  |  |  |  |  |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |