

self lay point of connection enquiry form

In order to progress your enquiry for water point of connection for your proposed development, please ensure this form is fully completed. All forms should be submitted with a plan that details site location and the extent of your development proposals. Insufficient information will result in delays and difficulties in assessing your proposals.

customer details (correspondence address)

company (if appropriate): _____

name/for attention of: _____

property name/number: _____ **your reference:** _____

street: _____ telephone number: _____

village/town: _____ mobile number: _____

city/county: _____ fax number: _____

postcode: _____ email: _____

Please tick: developer self lay organisation consultant

proposed site details

developer's name: _____

site address (attach site plan indicating site access): _____

site grid reference (mid point): _____

development type/size (hectares): residential ha commercial ha industrial ha

number of phases proposed: number of houses:

number of flats: number of commercial units:

water supply details

proposed start date on site: _____ proposed date of first occupation: _____

1. Domestic

i) number of **houses/flats:** maximum number of **storeys:**

phase number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
build rate:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
start date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
year:	year 1	year 2	year 3	year 4	year 5	year 6	year 7	year 8	year 9	year 10	year 11	year 12

ii) number of **restaurants:** total number of **seats:** construction date:

iii) number of **hotels:** total number of **beds:** construction date:

iv) number of **schools:** total number of **pupils:** construction date:

water supply requirement details (continued)

v) number of **hospitals**: total number of **beds**: construction date:

vi) number of **nursing homes**: total number of **beds**: construction date:

vii) other domestic use:

Please provide above a description of proposed use and 'sizing' information based on floor area, head count etc.

2. Non domestic

business type and description	proposed demand profile			
	storage capacity (m ³)	average (l/sec)	peak (l/sec)	pattern average (i.e. daily, weekly, seasonal variations)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Fire protection

i) number of fire hydrants:

ii) number of hose reels:

iii) number of mains fed sprinkler heads:

iv) number of storage fed sprinkler heads:

v) other:

print name:

signature:

date: / /

Please return all documentation (including site plans) to:

Planning and Equivalence Team, Anglian Water, PO Box 1067, Peterborough PE1 9JG

Should you have any questions regarding this form, please call: 01733 414690 or email: planningliaison@anglianwater.co.uk. Further details can be found on the Anglian Water website: www.anglianwater.co.uk/developers.