

# BUSINESS/COMMERCIAL WATER RESTRICTION PERMIT REQUEST

Reference No. (Office use only)

Fax your completed request form to 7003 3799 or post to:  
GPO BOX 1751  
ADELAIDE SA 5001

Please ensure you complete and return all three permit application pages.

## 1. Site Address and Site Account Number

Account Number

Lot or Street No.

Street Name

Suburb

Postcode

## 2. Mailing Address

Name

Company (if applicable)

Address

Postcode

Fax

Phone (Office Hours)

After Hours

Mobile

ABN

Nature of Business

## 3. General Conditions for Granting Permits

I agree to:

- Authorise the South Australian Water Corporation to publicly disclose any relevant details of this permit
- Adhere to all the specific requirements contained within the permit
- Provide appropriate access to enable the South Australian Water Corporation to assess adherence to the permit conditions and
- Complete all sections of this permit request form

I have checked that all appropriate and required documentation has been supplied and attached

.....  
Signature of Applicant

.....  
Company Title  
(if applicable)

.....  
Date

## Conditions to grant a permit for restrictions

1. The South Australian Water Corporation will grant a permit if it is reasonably satisfied that the proposed permit EITHER:
  - (a) Is necessary to avoid an inequitable and disproportionately adverse impact upon the livelihood of the applicant which would be caused by the prevailing level of restrictions; OR
  - (b) Would result in less water being used by the applicant than the applicant would otherwise be entitled to use for the same purpose under the prevailing stage of restriction; OR
  - (c) Is necessary because of special needs of the applicant AND would merely alter the hours between which water may be used by the applicant, BUT would increase the total number of hours in any day for which water may be used by the applicant under the prevailing stage of restriction; OR
  - (d) Would avoid or minimise appreciable physical damage to a building or other structure owned or occupied by the applicant, OR
  - (e) Is necessary to avoid any adverse effect on public health or safety.

## Special conditions to grant a permit for restrictions

2. Customers wanting to fill a new, or refill an existing swimming pool or spa, may be granted a permit if they demonstrate a commitment to water savings in and around their home, to offset the additional water required for the swimming pool or spa, please refer to the swimming pool/spa permit application form.
3. The applicant is required to provide appropriate access to enable the South Australian Water Corporation to conduct a site audit to ensure the terms and conditions of the permit approval are being adhered to.

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## Please tick the appropriate box/es to indicate the intended water use activity

Please tick the appropriate box/es to indicate the intended water use activity.

- |   |                          |                         |                          |                              |                          |
|---|--------------------------|-------------------------|--------------------------|------------------------------|--------------------------|
| Public Gardens                              | <input type="checkbox"/> | Farm Dams               | <input type="checkbox"/> | Retail Garden/Nursery        | <input type="checkbox"/> |
| Ponds and Lakes                             | <input type="checkbox"/> | Cleaning Paved Areas    | <input type="checkbox"/> | Wholesale Garden/Nursery     | <input type="checkbox"/> |
| Fountains                                   | <input type="checkbox"/> | Construction Activities | <input type="checkbox"/> | Vehicles, Boats or Aircrafts | <input type="checkbox"/> |
| Cleaning Windows/<br>Building Facades/Roofs | <input type="checkbox"/> | * Other                 | <input type="checkbox"/> |                              |                          |

\* Please list other uses:

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You must specify reasons to support you request (please attach additional pages if insufficient space below), and provide details of activity type you wish to undertake.

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Is there a specific date your permit is required for \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate the volume of water likely to be used if granted a permit.

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Please indicate (X) if you have any of the following water saving devices on your property. These activities will be considered in assessing your application.

- |                              |                          |                                 |                          |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| Garden Mulching              | <input type="checkbox"/> | Rainwater Tank                  | <input type="checkbox"/> |
| Water Efficient Shower Heads | <input type="checkbox"/> | Garden Tap Timers               | <input type="checkbox"/> |
| Swimming Pool/Spa Cover      | <input type="checkbox"/> | Water Tap Restrictor Devices    | <input type="checkbox"/> |
| Tap Aerator or Tap Mixer     | <input type="checkbox"/> | Drippers or Weepers             | <input type="checkbox"/> |
| Water Efficient Dishwasher   | <input type="checkbox"/> | Water Efficient Washing Machine | <input type="checkbox"/> |

Do you have a backflow prevention device installed on your irrigation system?