

# WATER & SEWERAGE DEPARTMENT

MINISTRY OF COMMUNICATIONS & WORKS  
GOVERNMENT OF THE BRITISH VIRGIN ISLANDS

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*Application  
For  
Sewer Connection*

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*P.O. Box 130, Road Town, Tortola, British Virgin Islands*

*Tel No: (284) 468-5766/5901 or 468-5799/5834      Email: [wsd@gov.vg](mailto:wsd@gov.vg)*

*Name of Applicant:* \_\_\_\_\_

*Local Social Security#* \_\_\_\_\_ *Driver's License # (Local Only* \_\_\_\_\_

*Contact telephone number:* \_\_\_\_\_

*Address of premises:* \_\_\_\_\_

*Owner of premises:* \_\_\_\_\_

*Block and parcel number of premises:* \_\_\_\_\_

*Inland Revenue office rental value:* \_\_\_\_\_

**Please note that this application must be stamped and dated by the Inland Revenue Department before being returned to this department for processing**

*Connected to public water supply?    Yes*                       *No*

**Required to connect to system a sewer serving: -**

*Amount: -*

\_\_\_\_\_ *W.Cs / Toilet*                      \_\_\_\_\_ *Showers*

\_\_\_\_\_ *Baths*                                      \_\_\_\_\_ *Sinks*

(1) *Private premises.      Maximum number of residents'* \_\_\_\_\_

(2) *Commercial premises. Types of water usage* \_\_\_\_\_

\_\_\_\_\_ *Signature*                                      *Date* \_\_\_\_\_

***To be completed by suitable qualified person. Sketch showing distances and levels including inspection chamber and manhole inverts and floor level.***

*No work to be carried out until permission in writing is received from the Water and Sewerage Department.*

## **Agreement to pay costs**

With regard to my/our application to make a connection to the public sewer, I/we hereby agree to pay the expenses reasonably incurred by: -

- (a) Public Works Department for reinstatement of the public road;
- (b) Water and Sewerage Department for any damage to sewers or water mains or the repair of leaks caused by the connection;

I/We do also agree to be responsible for reinstatement to property owned by a third party.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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

## **APPLICATION REQUIREMENTS**

**PLEASE NOTE THAT ALL APPLICANTS ARE REQUIRED TO HAVE THE FOLLOWING ATTACHED TO THIS APPLICATION FORM TO BE BROUGHT BACK TO THE DEPARTMENT FOR PROCESSING:**

1. A COPY OF A VALID PICTURE ID SUCH AS A DRIVER'S LICENCE OR PASSPORT
2. A COPY OF LAND OWNERSHIP SUCH AS LAND DEED VERIFYING OWNERSHIP
3. WRITTEN AUTHORIZATION LETTER FROM PROPERTY OWNERS IF THE CONNECTION IS REQUIRED TO CROSS ON SOMEONE'S PROPERTY OR IF THE CONNECTION IS FROM AN EXISTING CUSTOMER SERVICE LINE
4. ALL OUTSTANDING BILLS SHOULD BE PAID IN FULL BEFORE A CONNECTION CAN BE DONE.