



E1.1

**APPLICATION LICENSE FOR THE CONSTRUCTION, REBUILD, ALTERATION, ADDITION
OR REPAIR OF THE PRIVATE SEWERAGE SYSTEM (P.S.S)**

IN ACCORDANCE WITH THE PROVINCIAL SELF-GOVERNMENT ORGANIZATIONS ACT OF 2022 (37(I)/2022) (ARTICLE 36)

FOR OFFICIAL USE	APPLICATION No.	DATE OF RECEIPT
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1. PERSONAL INFORMATION OF THE APPLICANT:

Applicant(s) I.D.No/COMPANY' S REG. No

Representative (if applicable).....

Applicant's /Representative's Postal Address

(The declared postal address will be used exclusively for the purpose of processing this application. In case you wish to change or confirm the postal address to which your sewerage bills are sent, please visit the Customers' Service Centre at Adamantou Korai Street No 12, 6010 Larnaka or send an email to csd@eoyal.org.cy or visit the customer service portal (www.eoyal.org.cy).

Tel. Mob. No Fax e-mail:

2. TYPE OF APPLICATION: (Place an **X** in the relevant square)

Construction Alteration Repair Rebuild Addition

3. TYPE OF PROPERTY: (Place an **X** in the relevant square)

Residence Apartment Building Shop Restaurant
 Surgery / Clinic Hotel / Tourist Apts. Petrol Station Leisure Centre
 Industry Workshop / Light Industry Other

4. DECIPTION OF THE PROPERTY:

Street Name / Number /Postal Code	Town or Village	Locality/Quarter	Plot Number(s)*	Sheet/Plan/Block
.....
.....	Registration No *
.....

5. INFORMATION OF THE P.S.S.:

a) Number of persons who use the property's sewerage system:

b) In case of an apartment building: No of Apartments No of shops No of offices

c) Water Board Customer Number(s) *

d) Is there a borehole on the property? YES/NO If YES state where the water discharges.....

e) State if any pre-treatment of wastewater takes place before discharging to the public sewerage system

(Place an **X** in the relevant square)

Grease Trap Organic/ Chemical Treatment Sand Trap Petrol/Oil Trap Other Methods

6. FURTHER INFORMATION:

a) Name and address of the contractor who will undertake the construction:
 Tel.

b) Name and address of the project engineer:
 Tel.

.....
 Name and Surname of the Applicant(s)*
 Authorised Representative(s) **

.....
 Signature of the Applicant(s)*
 Authorised Representative(s)**

* Use the next page if the space is not enough

