



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)

<b>FOR OFFICIAL USE</b>	APPLICATION No. ....	DATE OF RECEIPT .....
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**1. PERSONAL INFORMATION OF THE APPLICANT:**

Applicant(s) ..... ID Card No./Company 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. If you wish to change or confirm the postal address to which your sewerage bills are sent, please visit the Customers' Service Centre at 12 Adamantiou Korai Street, 6010 Larnaka, or send an email to [csd@eoyal.org.cy](mailto:csd@eoyal.org.cy) or visit the customer service portal ([www.eoyal.org.cy](http://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)

<input type="checkbox"/> Residence	<input type="checkbox"/> Apartment Building	<input type="checkbox"/> Shop	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Surgery / Clinic	<input type="checkbox"/> Hotel / Tourist Apts.	<input type="checkbox"/> Petrol Station	<input type="checkbox"/> Leisure Centre
<input type="checkbox"/> Industry	<input type="checkbox"/> Workshop / Light Industry	<input type="checkbox"/> Other .....	

**4. DECIPTION OF THE PROPERTY:**

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

**5. INFORMATION ON THE P.S.S.:**

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

b) In the 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     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

