様式第1号(第3条関係)

(表)

排水設備(新設・増設・改築)計画(変更)確認申請書

　　茨城町長　宛

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 茨城町農業集落排水処理施設の設置及び管理に関する条例施行規則第3条の規定により，次のとおり申請します。 | | | | | | | |  | | | | | |
| 受付番号 |  | | 受付月日 | |  |
| 申請者 | | 住所 | TEL | | | | | 工事場所 | |  | | | |
| 計画確認 | | 年　　　月　　　日 | | | |
| ふりがな  氏名 |  | | | | |
| 工事着手予定 | | 年　　　月　　　日 | | | |
| 使用者 | | 住所 |  | | | | |
| 工事完成予定 | | 年　　　月　　　日 | | | |
| ふりがな  氏名 |  | | | | |
| 完成検査 | | 年　　　月　　　日 | | | |
| 指定工事店  (TEL) | |  | | | | | |
| 工事種類 | | □新設 □増設 □改築 □撤去 | | | |
| 主任技術者 | | 登録第　　　　　　号 | | | | | | 用途別使用 | | □家事用 □業務用 □併用 □その他 | | | |
| 揚水施設 | | 排水ポンプ  吐出口径 | | mm　　　台　原動機　　動　　台 | | | | 使用種類 | | □水道　□井戸 | | | |
| 工種 | 名称 | | | 形状 | 単位 | 設計 | | | | 構成人員 | | | |
| 数量 | 単価 | 金額 | | 家族　　　　人　計　　　　　人  同居人　　　人　通勤者　　　人 | | | |
| 水洗便所工事 |  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | | 浴槽の有無 | | | |
|  | | |  |  |  |  |  | | 有　　　　　無 | | | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | | 水洗便器数 | | | |
|  | | |  |  |  |  |  | | 大便器　個・小便器　個・両用　個 | | | |
| 小計 | | |  |  |  |  |  | |
| 排水設備工事 |  | | |  |  |  |  |  | | ※他人の土地又は排水設備を使用する場合の同意  　私所有の(　　　)を使用することに同意します。  住所  氏名  この欄については署名又は記名押印してください。 | | | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
| 排水番号 | ―　　　　　　号 | | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
| 部長 | | 課長 | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | |  | |
|  | | |  |  |  |  |  | |
| 小計 | | |  |  |  |  |  | |
| 附帯工事 |  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
| 課長補佐 | | 係長 | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | |  | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
| 小計 | | |  |  |  |  |  | |
| 諸経費 |  | | |  |  |  |  |  | |
| 係員 | | | |
|  | | |  |  |  |  |  | |
|  | | |  |  |  |  |  | |
|  | | | |
| 小計 | | |  |  |  |  |  | |
| 消費税 | | | | ％ | |  | | | |
| 合計 | | | | | | 円 | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 図面記号 | | | | | | | | | | 水のみ器 | | | | | |  | | | | 中和槽 | | | | | | |  | | | | 位置図 | | | | | | |  | | | | | | |
| 和風大便器 | | | | | |  | | | | 料理場流し | | | | | |  | | | | トラップます | | | | | | |  | | | |
| 兼用大便器 | | | | | |  | | | | 掃除用流し | | | | | |  | | | | 汚水ます | | | | | | |  | | | |
| 洋風大便器 | | | | | |  | | | | 実験用流し | | | | | |  | | | | 公共汚水ます | | | | | | |  | | | |
| 小便器 | | | | | |  | | | | 洗濯流し | | | | | |  | | | | 施設 | | | | | | |  | | | |
| ストール小便器 | | | | | |  | | | | 浴槽 | | | | | |  | | | | 排水管 | | | | | | |  | | | |
| ロータンク | | | | | |  | | | | 掃除口 | | | | | |  | | | | 異形管 | | | | | | |  | | | |
| ハイタンク | | | | | |  | | | | 床排水等 | | | | | |  | | | | 鉛管 | | | | | | | LP | | | |
| 洗面器 | | | | | |  | | | | トラップ | | | | | |  | | | | ビニール管 | | | | | | | VU,VP | | | |
| 手洗器 | | | | | |  | | | | 油脂トラップ等 | | | | | |  | | | |  | | | | | | |  | | | |
| 公私境界線 | | | | | |  | | | | 建物外周 | | | | | |  | | | |  | | | | | | |  | | | |
| 隣地境界線 | | | | | |  | | | | 建物間切り | | | | | |  | | | |  | | | | | | |  | | | |
| ※新設改造は赤実線、既設は黒点線、建物外周は太線、間切寸法線は細線で記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |