



Development & Environmental Services
19 Alexander Street
BOTHWELL TAS 7030

Phone: (03) 6259 5503
Fax: (03) 6259 5722

OFFICE USE ONLY:-

Application Number: _____
Property ID Number: _____
Date Received: _____

**APPLICATION FOR PLUMBING PERMIT / CERTIFICATE
OF LIKELY COMPLIANCE – PLUMBING WORK**

**Section 156
Section 165**

To: *Permit Authority*
 Address
 Suburb/postcode

Form **3**

Applicant / Owner details:

Note: Only an owner or agent of the owner may make an application

Owner: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Agent: *Contact person:*
Address: *Phone No:*
 Fax No:
Email address:

Note: Agents to be authorised in writing by the owner

Details of plumbing work:

Address: *Lot No:*
 Certificate of title No:

The work: *(water or sewerage reticulation / stormwater / roof plumbing / on-site waste water management system / backflow prevention device / other)*

*Type of plumbing installation:
Brand / model:*

Use of building: *(main use: dwelling, shop, food business, factory)* *Building class:*

Plumber details:

Name: *Category:*
Address: *Phone No:*
 Fax No:
Licence No. *Email address:*

Plumbing designer details:

Name:	<input type="text"/>	Category:	<input type="text"/>
Address:	<input type="text"/>	Phone No:	<input type="text"/>
	<input type="text"/>	Fax No:	<input type="text"/>
Licence No.	<input type="text"/>	Email address:	<input type="text"/>

Documents provided:

The following documents are provided with this application -

<i>Document description:</i>	<i>Prepared by:</i>
3 Copies of documents specified in Schedule 2 of the Director's Specified List:	

The plumbing work will be carried out in accordance with the **Building Act 2016**, the **Building Regulations 2016** and the National Construction Code.

Owner / Agent: <i>(Delete one not applicable)</i>	<i>Name: [print]</i>	<i>Signed</i>	<i>Date</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>