

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

NOTIFICATION OF INTENTION TO INSTALL HEATING APPLIANCE*

Regulation 30

(* A stove, heater or similar To:		· · · · ,		Permit Authority	52	
] [Address	Form 53	
				Suburb/postcode		
Owner/installer	details:					
Owner:						
Address:				Phone No:		
				Fax No:		
			Email address:			
Installer:						
Address:				Phone No:		
				Fax No:		
Licence No. (if applie	cable):		Email address:			
Details of instal	lation:					
Address:			(address of proposed installation)			
_		(X the applica	ble box.)			
new:	second-hand:	replacemen	freestandin	g: built-in:	flue only:	
Appliance type:				fue	l used:	
Make:				mod	lel No.:	
-					e applicable box.)	
Manufacturer:				AS 2918- tested:	yes: no:	
Address:				compliance ce	ert. No.	
				emission ce	ert. No.	
Flue type:				heart	h type:	
Notification deta	ails:					
This heating applia	ance is intended	to be installe	d at the above ac	ldress on:	Date:	
Note: this notificat	ion must be su	oplied to the F	ermit Authority 2	days prior to in	stallation.	

(Delete one not applicable)	Name: [print]	Signed	 Date
Owner/Installer:			