

FORM 2 – BUILDING WORK NOTICE OF WORK/APPLICATION FOR A BUILDING PERMIT

Section 97 Section 130 Section 139

To:						Permit Authority Building Surveyo		
						Address	Form	
						Suburb/postcode		
Application for:	Permit		CLC			otice of Wor		ones applicable)
		(X to grant a		 rtificate t		following the fin		,,
Certificate of Co								
NOTE: Standard of Completion being								
Building Surv	•							
Building						Category:		
Surveyor:						outogory.		
Address:						Phone No:		
Licence No:			Email:					
Applicant / Ov	vner details	:						
Note: Only an owner or	agent of the owner	r may make a	n application					
Owner:						Contact person:		
Address:						Phone No:		
Email address:								
Owner builder:	Yes: (>	(if applicable) Owne	er Builde	r Permit:			
Names:						Contact person:		
Contact						Phone No:		
address:						i none no.		
Email address:								
Agent:						Contact person:		
Address:						Phone No:		
Email address:								
Note: Agents to be auth Details of buil		the owner						
	dilig work.		NI - 416 - I- I -			Diameter		
Type of work:	Permit work		Notifiable	work		granted	approval	
(X one applicable)						9	(if ap	plicable)
Address:						Certificate o	f title No:	
Description of work:						(new building / repair / re-ered		
Use of building:							Building lass(es):	

Form No: I&DS.BLD.008

Other details	:				
Area: m ²	existing build	ing floor:	new floor:		land:
Material:	floor:	walls:	roof:		frame:
Value of work: \$		contract price:	estimate:	No. of dwe	elling units:
[inclusive of GST]		(X one ap	oplicable)		
Building Serv	vices Provider d	etails:			
Architect - Designer:				Category:	
Business name:					
Business address:				Phone No:	
Licence No:		Email:			
Building - Designer:			Catego	ry:	
Business name:					
Business address:				Phone No:	
Licence No:		Email:			
Engineer - Designer:				Category:	
Business name:					
Business address:				Phone No:	
Licence No:		Email:			
Services - Designer:				Category:	
Business name:					
Business address:				Phone No:	
Licence No:		Email:			
Builder:				Category:	
Business name:					
Business address:				Phone No:	
Licence No:		Email:			
Decumente	and contificates r	aravidadı			
	ınd certificates p		المامانين امامان		
• .	Document or certification	d certificates are prov ate description:	naea wiin ii	Prepared	- d by: (Licence No. if applicable)
Certificate of Like Documents spec	ely Compliance: ified in the Director's	s Specified List			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	k will be carried of and the National Co		with the	Building Act	2016, the Building
_	Name: [s	igned	Date
Owner / Agent: (Delete one not applicable)					

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PO Box 168, WYNYARD 7325 Email: council@warwyn.tas.gov.au Building Act 2016 - Approved Form No 2