



FORM 3 – PLUMBING WORK
NOTICE OF WORK/APPLICATION FOR CERTIFICATE
OF LIKELY COMPLIANCE AND/OR
APPLICATION FOR A PLUMBING PERMIT
Section 108 Section 156
Section 165

To:	Waratah Wynyard Council	Permit Authority	Form 3
	PO Box 168 WYNYARD TAS 7325	Address	
	Email council@warwyn.tas.gov.au		

Application for: Permit CLC Notice of Work
(X ones applicable)

Certificate of Completion (X to grant approval for certificate to be issued following the final inspection)

NOTE: Standard of Work Certificate and applicable fees must be submitted prior to Certificate of Completion being issued, in accordance with section 178 or section 115 of the Building Act 2016

Applicant / Owner details:

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

Owner:		Contact person:	
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Address:		Phone No:	
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Email address:	
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Agent:		Contact person:	
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Address:		Phone No:	
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Email address:	
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Note: Agents to be authorised in writing by the owner

Details of plumbing work:

Type of work:	Permit work <input type="checkbox"/>	Notifiable work <input type="checkbox"/>	Planning approval granted <input type="checkbox"/>
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(X one applicable) (if applicable)

Address:		Lot/Certificate title No:	
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The work:		<i>(water or sewerage reticulation / stormwater / roof plumbing / on-site waste water management system / backflow prevention device / other)</i>
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Use of building:		<i>(main use: dwelling, shop, food business, factory)</i>	Building class(es):	
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Plumber details:

Name:		Category:	
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Address:		Phone No:	
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Licence No.		Email address:	
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Plumbing designer details:

Name:		Category:	
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Address:		Phone No:	
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Licence No.		Email address:	
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Documents provided:

The following documents are provided with this application -

<i>Document description:</i>	<i>Prepared by:</i>
Documents as 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.

Name: [print] Signed Date

Owner / Agent: <i>(Delete one not applicable)</i>			
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