

FORM 1 – APPLICATION FOR DEMOLITION PERMIT

Section 190

To: _					Permit Authority Address	Form 1	
				,	Suburb/postcode		
Applicant / Owne	or dotails:						
Note: Only an owner or ag		make an applicat	tion				
Owner:							
Address:					Phone No:		
					Fax No:		
Email address:							
Agent:							
Address:					Phone No:		
					Fax No:		
Email address: Note: Agents to be author	ised in writing by the o	wner					
Details of demol	ition work:						
Address:					Certificate of	title No:	
Description of work:					(whole or part demolition / removal & relocation /)		
Current use of building:					(main use)	Building class:	
Other details:							
Area: m²	existing buil	ding floor:		new floor:		land:	
Material:	floor:	walls:		roof:		frame:	
Value of work: \$		contract	price:	estimate:	(X one appl	icable.)	
[inclusive of GST]					No. of dwell	ing units:	
Building Service	s Provider deta	ils:					
Building Surveyor:					Category:		
Address:	dress:				Phone No:		
					Fax No:		
Licence No:		Email:					
Designer:					Category:		
Address:					Phone No:		
					Fax No:		
Licence No:		Email:					

Form No: I&DS.BLD.007

Director of Building Control - date approved: 1 July 2017

PO Box 168, WYNYARD 7325 Email: council@warwyn.tas.gov.au Building Act 2016 - Approved Form No 1

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Builder/ demolisher :				Category:	
Address:				Phone No:	
				Fax No:	
Licence No:	Email:				
D					
	d certificates provided:				
-	fied documents and certificates are pro	ovid	ed with this		
Do	ocument or certificate description:	Prepared by: (Licence No. if applicable)			
Certificate of Likel	y Compliance Permit Demolition Work			(LICETICE	: No. II арріїсавіе)
	work will be carried out in ac				ding Act 2016, t
Building Regul	ations 2016 and the National Cor	ıstı	ruction Co	ode.	
	Nama: Invinti		O/au	and	Doto
Owner / Agent:	Name: [print]		Sigr	ied	Date
(Delete one					
not applicable)					

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