

**APPLICATION FOR EXTENSION OF DURATION OF  
PLUMBING PERMIT**

**Section 173**

To:  Permit Authority   
 Address   
  Suburb/postcode

**Form  
76B**

**Applicant / Owner details:**

Owner/Agent:   
 Address:   
  Phone No:   
  Fax No:   
*Note: Agents to be authorised in writing by the owner* Email address:

**Details of Plumbing Permit:**

Address:  Permit No:   
  Date of Permit expiry:

**Extension request details:**

**Current status and work still to be completed:**

*(Detail the current status of the plumbing work to which the above Plumbing Permit relates, and detail the plumbing work still to be completed)*

**Length of extension request:**

6 months  9 months  12 months  Other

*(X applicable)*

**Reason for extension:**

*(Detail the reasons for the extension request – attach any relevant supporting documentation)*

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