

APPLICATION FOR EXTENSION OF DURATION OF PLUMBING PERMIT

Section 173

To: [Permit Authority Address Suburb/postcode Form 76B
Applicant / Owner details:			
			7
Owner/Agent:			Dhana Na
Address:			Phone No:
Note: Agents to be aut	horised in writing by the owner	Email address:	
Details of Plur	nbing Permit:		
Address:			Permit No:
			Date of Permit expiry:
Evtonoion ros	ueet deteiler		
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 stil	l 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)			
	Name: [print]	Sig	ned Date
Owner / Agent: (Delete one not applicable)			

Form No: I&DS.BLD.027

Director of Building Control - date approved: 1 July 2017 Document Set ID: 1089015

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