

## STANDARD OF WORK CERTIFICATE – PLUMBING WORK

Section 177 Section 114

To:				Form
			Address	71B
			Suburb/postcode	
Plumber details:				
Plumber:			Category:	
Address:			Phone No:	
			Fax No:	
Licence No:		Email address:		
Owner details:  Note: Copy must be forward.	arded to Owner			
Owner:				
Address:			Phone No:	
			Fax No:	
Details of plumb	ina work:			
Type of work: Certificate of Likely Compliance No:	Permit work		or Certificate of ompliance No:	
Address:			Lot No:	
			Certificate of title No:	
Description of work completed:				
Use of building:			(main use	e: dwelling, shop, iness, factory)
Plumber Standa	rd of Work Statement			
I confirm I am the	<i>Licensed Plumber</i> responsible Having supervised and/or carr			
(a) all plumbing	g work is complete; and			
(b) all direction	s given under the Building Act	2016 have bee	n complied with; a	and
	work is in compliance with the and conditions of the Certificate work:			
	Name: (print)		Signed	Date
Plumber:				

PO Box 168, WYNYARD 7325 Email: council@warwyn.tas.gov.au Building Act 2016 - Approved Form No 71B

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Form No: I&DS.BLD.024

Director of Building Control - date approved: 1 July 2017