



**OFFICE USE ONLY:**

**Application No:**.....

**Date Paid:**.....

**PID Nummer:**.....

12 Somerville Street  
PO Box 126  
Sorell Tas 7172  
Phone: (03) 62656400  
Fax: (03) 62656414  
Email: [sorell.council@sorell.tas.gov.au](mailto:sorell.council@sorell.tas.gov.au)  
ABN 12 690 767 695

**APPLICATION FOR SPECIAL PLUMBING PERMIT**

**Section 80**

To:  Permit Authority  
 Address  
 Suburb/postcode

Form **3A**

**Applicant / Owner details:**

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

Owner:   
Address:  Phone No:   
 Fax No:   
Email address:

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

**Details of special plumbing work:**

**Type of System:**  
  
  
**Address of proposed works:**

**Documents provided:**

The following documents are provided with this application -

<i>Document description:</i>	<i>Prepared by:</i>
3 Copies of documents specified in Schedule 2 of the Director's Specified List Application for Plumbing Permit:	

The plumbing work will be carried out in accordance with the *Building Act 2000, the Plumbing Regulations 2004 and the Tasmanian Plumbing Code.*

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