



OFFICE USE ONLY:

Application No:.....

Date Paid:.....

Amount Paid:.....

P.I.D. Number:.....

12 Somerville Street
 PO Box 126
 Sorell Tas 7172
 Phone: (03) 6269 0000
 Fax: (03) 6269 0014
 Email: sorell.council@sorell.tas.gov.au
 ABN 12 690 767 695

APPLICATION FOR PLUMBING PERMIT **Section 80**

To: *Permit Authority*

Address

Suburb/postcode *PID*

Form 3

Applicant / Owner details:

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

Owner:

Address:

Phone No:

Fax No:

Email address:

Note: If the agent of an owner is a registered plumber insert registration number (Registration Number if applicable)

Agent:

Address:

Phone No:

Fax No:

Note: Agents to be authorised in writing by the owner Email address:

Details of plumbing work:

Address: Lot No:

Certificate of title No:

The work: *Description of the proposed plumbing work*

An application for special plumbing permit the subject of this application is included (X if applicable.)

Designer details:

Name: Category:

Address: Phone No:

Fax No:

Registration No. Email address:

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 Special Plumbing Permit: <i>(If applicable)</i>	

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

	<i>Name: [print]</i>	<i>Signed</i>	<i>Date</i>
Owner / Agent: <i>(Delete one not applicable)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>