



**OFFICE USE ONLY:**

**Building Code: BS01.62200**

**Plumbing Code: ES01.62310**

**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](mailto:sorell.council@sorell.tas.gov.au)  
ABN 12 690 767 695

**APPLICATION FOR BUILDING CERTIFICATE**

**Regulation 49**

To:  *General Manager*

*Address*

*Suburb/postcode*  *PID*

Form **57**

**Applicants details:**

From:  *Contact person:*

Address:  *Phone No:*

*Fax No:*

*Email address:*

*(X which applicable.)*

owner:  purchaser:  other person:

*Persons other than the owner or purchaser of the subject building are to be authorised by the owner or purchaser of the building:*

*Email address:*

**Details of building(s):**

Address:  *Lot No:*

*Certificate of title No:*

*(X applicable box.)*

all buildings on site:  a particular building on site:  part of a building:

Description:  *(description of building or particular building on site)*

**Application details:**

**This application is made under section 119 of the *Building Act 2000*.**

Applicant:

Signature of owner or purchaser if applicant is other person