



PO Box 126
47 Cole Street
SORELL TAS 7172
ABN 12 690 767 695

Telephone 03 6269 0000
Fax 03 6269 0014
sorell.council@sorell.tas.gov.au
www.sorell.tas.gov.au

APPLICATION FOR EXTENSION OF DURATION OF BUILDING PERMIT

Section 147

To: Permit Authority
 Address
 Suburb/postcode

Form

76A

Applicant / Owner details:

Owner:
Address: Phone No:
 Fax No:

Note: Agents to be authorised in writing by the owner

Email address:

Owner builder: Yes: ☐ (X if applicable)

Agent: Owner builder permit No:
Address: Phone No:
 Fax No:
Email address:

Building Surveyor details:

Building Surveyor: Category:
Address: Phone No:
 Fax No:
Licence No: Email address:

Details of Building Permit:

Address: Permit No:
 Date of Permit expiry:

Extension request details:

Current status and work still to be completed:

(Detail the current status of the building work to which the permit relates, and detail the building work still 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)*Owner / Agent:
*(Delete one not applicable)*Name: *[print]*

Signed:

Date:

Building Surveyor to Complete:*(Please provide advice/ details regarding the work to enable the Permit Authority to assess this extension application as per Section 147(3)(a) of the Building Act 2016).*Name: *[print]*

Signed:

Date:

Building Surveyor: